

Basketball Registration

Cornwell Center at Myers Park Baptist Church

2001 Selwyn Avenue

Charlotte, NC 28207

Program Information:

Cornwell Member: ___ Yes ___ No Program: _____

Uniform Size: Youth _____ Adult _____ S ___ M ___ L ___ XL _____

Fee \$ _____ Amount Paid: _____ Date: _____ Type: _____ Scholarship Request: _____

I would like to sponsor a team: ___ Yes ___ No **PARENTS, WE NEED YOUR HELP:** ___ Coach ___ Asst. Coach

Special Requests: _____

Participant Information:

First Name _____ Last Name _____

Address _____ Apartment #: _____

City _____ State _____ Zip _____

Home phone () _____

Birth Date ___/___/___ Gender _____ Cell _____ Email: _____

Basketball League Information:

Skills Day: October 20, 2007

Games Begins: December 8, 2007

Age Group: 5 – 17

Pick-up Rosters: October 26, 2007

Time: varies by age, schedule TBA October 18, 2007

Practice Begins: November 5, 2007

Cornwell Center Closed: December 25 – 26, January 1, 2007 No Games: December 22, 29 (Games resume Jan. 5th)

Cornwell Center Early Closing: Dec 24 & 31, 2007 @ 5 pm

EMERGENCY CONTACT INFORMATION:

First Name _____ Last Name _____

Phone () _____ --- _____ Relationship: _____

Known Allergies: _____

I understand that the Cornwell Center at Myers Park Baptist Church assumes no responsibility for injuries or illnesses which may be sustained as a result of participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I acknowledge that I assume the risk for any and all illness which may result from participation in these. In consideration of the privilege of participating at the Cornwell Center, I hereby voluntarily release and discharge the Cornwell Center at Myers Park Baptist Church and its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which may be suffered as a result of participation in these activities. A parent/responsible party must discuss with the Cornwell Center director any special conditions or circumstances involving their child prior to registration. I agree to have a physician examine my child/me within a reasonable time prior to the start of the program/activity to determine my child/I am free of communicable disease and has not been exposed to such. I hereby give permission to the medical personnel selected by the Cornwell Center staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my child in the event of medical emergency. I understand that no accident/medical insurance is provided with this activity.

Signature of responsible party _____ Date: _____

Signature of Cornwell Center staff: _____ Date: _____