

# Basketball Registration 2011-2012

The Cornwell Center  
at Myers Park Baptist Church  
2001 Selwyn Avenue  
Charlotte, NC 28207

Deadline to register is 10-15-2011 or when teams are filled, whichever comes first.

## PROGRAM INFORMATION (Circle One)

Co-Ed: 6 and under

Girls Division: 7/8 9/10 11/12 13/14\* 15/17\*

Boys Division: 7/8 9/10 11/12 13/14\* 15/17\*

Uniform Size: Youth: S M L or Adult: S M L XL

Coach Request\*: \_\_\_\_\_

Other Requests\*: \_\_\_\_\_

*\*Requests will be honored when possible, but not guaranteed.*

I would like to help coach my child's team: Head Coach or Assistant Coach

## **FEE INFORMATION:**

Cornwell Center Member: Yes (\$110) No (\$140)  
Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

## **\* REGISTRANTS:**

13yrs and older must submit a birth certificate  
when registering for the league

## PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F

Known Allergies or medical conditions: \_\_\_\_\_

## PARENT INFORMATION

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ --- \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ --- \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ --- \_\_\_\_\_ Relationship: \_\_\_\_\_

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, and 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.

Printed Name of Responsible Party: \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Cornwell Center Staff: \_\_\_\_\_ Date: \_\_\_\_\_