

**ST. JOHN'S ARMENIAN CHURCH
YOUTH BASKETBALL 2013/2014
REGISTRATION**

PLEASE PRINT

Child's Name _____

Childs Age _____ Birthdate _____

Address _____

City _____ Zip _____

Phone (home) _____ E-mail _____

Parents Names _____

Fathers Cell _____ Mothers Cell _____

Registration Fee: \$40.00 Church Member \$50.00 Non-member

Date Paid _____ Amount _____ Check # _____ Cash _____

MEDICAL PERMISSION

It is understood by me that my child _____ health needs will be provided at the church for my child while he/she is registered as a participant. Permission is hereby granted for such care and additional medical procedures that the staff or doctors at a local hospital, may deem essential in case of injury or disease of an emergency nature while my child is registered as a participant of St. John's Basketball Program.

WAIVER OF PARTICIPANT

In consideration of your accepting my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against St. John's Armenian Church and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. He, she, or I have no physical defects and fully understand that medical insurance is the sole responsibility of the participants.

PARENT

SIGNATURE _____