

PLAY. FUN. SPORTS.



**SIGN UP
NOW!**
UPWARD.ORG

Upward Basketball® provides a positive sports experience for every child and makes the most of your family's time and money.

POSITIVE SPORTS EXPERIENCE

- › Friendly sports environment where children have fun
- › Teaches fundamentals
- › Unique drafting system creates balanced teams
- › Unique substitution system produces equal playing time
- › Trained coaches and referees that encourage your child
- › Life lessons shared at each practice



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Upward Sports

GREAT VALUE

- › Quality game-day uniform, other sport-specific gear and multiple recognition awards
- › One-hour practices and one-hour games



**CHECK WITH
YOUR LEAGUE
DIRECTOR FOR
AVAILABILITY
OF UPWARD
BASKETBALL
SHORTS!**

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BKL13BROCH

HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

First Baptist Church

2875 Columbia Rd.
Orangeburg, SC 29118-1901

Form and registration fee may be dropped off at the Family Life Center office between 9:00 a.m. and 5:00 p.m., Monday through Thursday and 9:00 a.m. and 11:30 p.m., on Friday.

REGISTRATION INFORMATION:

The registration cost per child for basketball is \$65.
Deadline for registration is December 11.

Basketball shorts are optional at a cost of \$15.
Register early.

EVALUATIONS:

Everyone must attend one basketball evaluation.

They will take place at the FBC Family Life Center as follows:

Evaluation is for boys and girls K5 through 6th grade
Monday, November 11, between 3:30 p.m. and 6:30 p.m.
Evaluation is for boys and girls K5 through 6th grade
Tuesday, November 12, between 3:30 p.m. and 6:00 p.m.

LEAGUE SCHEDULE:

First Practice - Monday, December 9, 2013
First Game - Saturday, January 4, 2014
Awards Celebration - Saturday, February 15, 2014

FOR MORE INFORMATION:

Jewel Edwards or Joel Campbell
jewel@fbcorangeburg.org
joel@fbcorangeburg.org
803-534-2960

Cut here and keep



13/14

UPWARD BASKETBALL REGISTRATION FORM

PARTICIPANT CONTACT INFO:

Last Name First Name MI Gender Grade (13-14 school year)

Address Date of Birth Month Day Year

City State Zip

Home Phone () Parent's Cell ()

Father/Guardian Email

Mother/Guardian Email

Church (If you regularly attend church, which one?)

Participant Information Notes (if any)

If applicable, circle ONE night your child CANNOT practice. SUN MON TUE WED THU FRI SAT

PARENT/GUARDIAN INFORMATION:

Father/Guardian Work Phone ()

I would like to assist this league by being a: ☐ Coach ☐ Referee ☐ Team Parent

Mother/Guardian Work Phone ()

I would like to assist this league by being a: ☐ Coach ☐ Referee ☐ Team Parent

Emergency Contact Daytime Phone () Evening Phone ()

SIZING: (COMPLETED AT EVALUATIONS/ORIENTATIONS)

Basketball Jersey Size (circle one):
YXS YS YM YL YXL/AS AM AL AXL A2X

Basketball Shorts Size (optional circle one):
YXS YS YM YL YXL/AS AM AL AXL A2X

EVALUATIONS: (COACHES USE ONLY)

Lane Shooting Defensive Slide

Right-Side Shot Right Hand Dribble

Left-Side Shot Left Hand Dribble

Height - in inches

PAYMENT:

Participant Fee : \$ + Shorts : \$ = Total : \$

OFFICE USE ONLY

PAID PAYMENT TYPE AMOUNT

For a larger print version of these terms and conditions please visit
www.upward.org/largefont

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in said sections.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorizes the participation of my child in the Upward Unlimited herein being referred to as UU athletic program (the "Program") of the above-named Church. My child will participate in the UU sport denoted on this brochure.

I understand that this Program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by the Church and its volunteers and staff, including parents of other participating children. I also understand that the Church is solely responsible for all aspects of the Program including selection and supervision of all persons conducting the Program, and that UU is not responsible for the Program or selecting and supervising persons conducting the Program. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify and covenant not to sue, the Church and UU, and all of the Church's and UU's directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and accepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I hereby authorize the Church and UU to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the Church and UU for the sole purpose of advancing UU programs. I acknowledge and consent that registration will allow Upward to obtain access to personal information regarding me and my child participant. I agree that Upward may use such personal information in a manner consistent with UU's Conditions of Use and Privacy as amended from time to time. I further understand that the current version of UU's Conditions of Use and Privacy may be found at www.upward.org

PARTICIPATION AND SAFETY

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does have a physical, mental or other condition that may affect his/her ability to safely and appropriately participate in Program activities (or that may affect the ability of other children to participate safely), the Church may determine that my child cannot be permitted to participate. I understand and agree that, while the Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize the Church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign.

Signature: Date:

Printed Name: Date:

I affirm that this form was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order or (2) I have made a good faith effort to obtain the signature from the other parent/guardian but have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/guardian objects to the child's participation in the Program.

Signature: Date:

Printed Name: Date:

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