

Allen Temple Baptist Church
Athletic Department Sport Activities Registration Application

First Name: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: ____ - ____ - ____ Cell: Phone: ____ - ____ - ____ Email: _____

Age Group: (Check box) 6-7 8-9 10-12 girls 10-12 boys 13-15 16-18 13-18 girls

Sport: Baseball Basketball Junior Golf Other: (Specify) _____

Age: _____ Birth Date: ____ - ____ - ____ Sex: M F Ht _____ Wt _____

Shirt Size: (Check box) SM Med Large X-Large 2X 3X

Skill Level: (Check box) Beginning Intermediate Advanced

Church Name or Affiliated Organization: _____

Parent/Guardian: _____

Home Ph. : ____ - ____ - ____ Wk. : ____ - ____ - ____ Cell: : ____ - ____ - ____ Email: _____

Emergency Contact: _____ Relationship: _____

Phone: ____ - ____ - ____ Cell: ____ - ____ - ____

Family Physician: _____ Ph: ____ - ____ - ____ Ins: _____ Policy.# _____

Any Known Physical Conditions/Allergies:: _____

To be filled in by Adults only

Are you interested in Concessions, being a coach, coordinator, team parent or teacher (Check box) : Yes No

Release of Liability

I the parent/guardian of the registrant, a minor agree that I will abide by the rules of the Allen Temple Baptist Church/League. Recognizing the possibility of physical injury associated with sports participation.

I hereby release, discharge, and or otherwise indemnify the said above, sponsors, their employees, associated personnel, including the owners of the fields and facilities utilized for the programs as well as any person representing the above said church shall be released from all liability including all rights, claims and causes of action for damages or any future claims against the above league. This liability applies to anyone participating in said above activities.

I have read the above, and full understand that I assume all risk for injuries received.

Parent/Guardian signature is required for participants 17 years and under.

Registration Fee of \$ _____ is Required.

Participate Signature

Date

Parent/Guardian Signature

Date

Official Use Only

Fee: \$ _____ Payment Received: Cash Check No: _____

Sponsored By: _____ Birth Certificate on file Yes No

Copies to: League _____ Coach _____ Church File _____