

**ST. MATTHEW BASKETBALL CLUB  
REGISTRATION AND PERMISSION FORM**

The program is for **Grades K-8**.

Practices will be on **Monday** nights. They will begin on **January 8, 2017**.

Games will be on **Saturdays** from **February 3-March 3**.

NAME \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT(S)/GUARDIAN(S) \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

TSHIRT SIZE (CIRCLE ONE)

YS YM YL YXL/AS AM AL AXL AX2

ARE YOU WILLING TO HELP WITH CONCESSIONS OR AS A COACH? \_\_\_\_\_

IF SO, WHICH? \_\_\_\_\_

PLEASE MAIL OR DROP OFF REGISTRATION FORM AT:

St. Matthew United Methodist Church  
1200 Moreland Dr.  
Belleville, IL 62223

OR SCAN AND EMAIL REGISTRATION FORM TO JON CARRELL AT [JCARRELL@STMATTHEWUMC.ORG](mailto:JCARRELL@STMATTHEWUMC.ORG)  
PERMISSION WAIVER

I, \_\_\_\_\_ hereby acknowledge that it is my desire for \_\_\_\_\_ to participate in St. Matthew Basketball Club. Activities include events both on and away from church premises (In particular, playing basketball) as well as the transportation to and from such activities.

MY CHILD IS VOLUNTARILY PARTICIPATING IN THIS PROGRAM, INCLUDING ANY TRANSPORTATION REQUIRED WITH THIS PROGRAM. *With full knowledge of the dangers involved with playing basketball and with traveling*, I HEREBY AGREE TO ACCEPT ANY KIND OF RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

IN CONSIDERATION FOR PERMITTING MY CHILD TO PARTICIPATE IN THIS PROGRAM AND FOR TRANSPORTATION TO AND FROM THIS PROGRAM, I HEREBY WAIVE AND DISCHARGE ST. MATTHEW UMC AND ITS EMPLOYEES, AGENTS, AND BOARD MEMBERS FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION THAT I, OR ANY OTHER PERSON ACTING IN A REPRESENTATIVE CAPACITY ON BEHALF OF MY CHILD, MAY HAVE FOR ANY INJURY OR OTHER DAMAGES RESULTING FROM THE NEGLIGENCE OR OTHER ACTS OR OMISSIONS BY ANY EMPLOYEE, AGENT, OR BOARD MEMBER OF ST. MATTHEW UMC OCCURRING BEFORE, DURING OR AFTER MY CHILD'S PARTICIPATION IN SUCH PROGRAM OR

THE TRANSPORTATION INVOLVED WITH SUCH PROGRAM.

IN THE EVENT MY CHILD WOULD BE INJURED OR SICK AND IN NEED OF MEDICAL CARE AND I AM NOT PRESENT AND CANNOT BE REACHED, I AUTHORIZE THE CHURCH'S EMPLOYEES, VOLUNTEERS, OR OTHER AGENTS TO SEE THAT MY CHILD RECEIVES THE NECESSARY MEDICAL CARE NECESSARY.

I AGREE TO ALLOW MY CHILD TO BE DISPLAYED IN PROMOTIONAL MATERIALS OF THE CHURCH SUCH AS FACEBOOK, CHURCH WEBSITE, VIDEO ANNOUNCEMENTS, PROGRAM PAMPHLETS, ETC.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS THIS IS A **FULL RELEASE OF LIABILITY** AND AN ASSUMPTION OF RISKS AND I ACKNOWLEDGE AND SIGN IT AT MY OWN FREE WILL.

This consent form will be valid for the length of the program.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent Signature