



Date: _____
Amount Paid: _____
Receipt #: _____

Registration Form

PLEASE PRINT NEATLY IN CAPITAL LETTERS

1. Sport Registering For: 2020 BASKETBALL (JANUARY 18 – MARCH 14, 2020) Cost: \$49

Dates to remember: **Registration Deadline: Wednesday, December 4, 2019**

Player Evaluation: Saturday, December 14, 2019

2. Player Information:

Child's (FULL) Name: _____ School Attending: _____

Grade: _____ Gender: M / F Age: _____ DOB: _____

Competition Level: 5 y/o - Kinder 1st – 2nd Grade 3rd – 4th Grade 5th – 6th Grade

Uniform Size: YXS YS YM YL AS AM AL Other

3. Parent/Guardian Information:

Parent(s) or Guardian(s) (FULL) Name: _____

Parent's E-mail Address: _____

(***Email is required – This is the Primary Form of Communication***)

Best Contact Number: _____

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

Volunteer Opportunities (Please check all that you might be interested in):

Coach Assistant Coach Officiate Halftime Devotionals Other Volunteer

4. Placement Information:

Siblings Participating in Same Sport/Level: (1) _____ (2) _____ (3) _____

How many years has your child played organized sports? _____

For the balance in forming teams, AT PLAY, your child is best described as:

Mark one (1-Least aggressive to 5-Most aggressive): 1 2 3 4 5

Please list other previous sports experience: _____

5. Responsibility:

The Tulia Upward Sports (TUS) organization considers all registrations regardless of race, color, religion, sex, national origin, or the presence of medical condition or handicap. However, the TUS organization does reserve the right to refuse admission to any child who may require a level of attention beyond that which the TUS programs are designed to accommodate or who may require specialized training that may prevent TUS staff from adequately meeting the needs of the child. I agree to abide by the rules and regulations as set forth by the TUS organization and staff. I will fully accept the decision of the TUS staff regarding placement of my child on a team. I will also conduct myself with a positive Christian attitude towards coaches, opposing team players, officials, and TUS staff members during the course of the season. I understand that the TUS organization, any of its staff and/or affiliates do not provide insurance coverage for the above listed program participant and that I am responsible for personal coverage and emergency care. I hereby give permission for the TUS organization and its affiliates to use for promotional purposes any photos or videos taken of me or my child while involve in this program. By signing my name below, I am indicating that: this registration for is correct to the best of my knowledge and that child herein described has permission to engage in all prescribed activities except those noted by me. I understand that TUS activities have inherent risks and I hereby assume all risks and hazards incident to the above listed participant's participation in all TUS activities. I further waive, release, absolve, indemnify and agree to hold harmless the Tulia Upward Sports (TUS) organization, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities, and any TUS affiliates from any claims or injuries sustained during my or my child's participation in TUS activities.

Note: Refund request must be made before the first game. No refunds will be given after the first game. If requesting a refund, there will be a \$15.00 administrative fee charged.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____