

Nevada-Utah Conference Sports Ministry
2019 RISING TO THE TOP YOUTH BASKETBALL LEAGUE

ATHLETE REGISTRATION & CONSENT FORM

(Please complete and return this form to your team coach by July 30, 2019)

ATHLETE INFORMATION			
First Name:	Last Name:		
Address:	City:		
State:	Zip Code:	Cell Phone:	
Date of Birth (mm/dd/yyyy):	Age:	Gender: Male <input type="radio"/>	Female <input type="radio"/>
Height:	inches	Weight:	pounds
School:	Grade:	Church:	
Age Division:			
<input type="radio"/> Pee Wee (6-9) <input type="radio"/> Junior (10-13) <input type="radio"/> Varsity (14-18) <input type="radio"/> Young Adult (18-30)			
Date of Last Tetanus Shot:		Date of Last Annual Physical Exam:	
Medication Currently Receiving:			
Medical History: (list any recent surgeries or medical conditions)			
Medication Allergies:			
Food Allergies:			
Physician First Name:		Physician Last Name:	
Physician Phone Number:			
My child is covered by Medical Insurance <input type="radio"/> yes <input type="radio"/> no			
Medical Insurance Provider:			
Medical Insurance Number:			

PRIMARY PARENT / GUARDIAN	
First Name:	Last Name:
Gender: <input type="radio"/> Male <input type="radio"/> Female	
Address:	City:
State:	Zip:
Cell Phone:	
Email Address:	Relationship to the Athlete:

SECONDARY PARENT / GUARDIAN		
First Name:		Last Name:
Gender: <input type="radio"/> Male <input type="radio"/> Female		
Address:		City:
State:	Zip Code	Cell Phone:
Email Address		Relationship to the Athlete:

EMERGENCY CONTACT		
First Name:		Last Name:
Gender: <input type="radio"/> Male <input type="radio"/> Female		
Address:		City:
State:	Zip Code	Cell Phone:
Relationship to the Athlete:		
Is this person allowed to pick up / drop off your child / teen?		yes no

CONSENT AGREEMENTS

(Parents / Guardians must agree to and check each circle for participation in the Sports League)

- I agree that my child can participate in the specified sporting league and having read the information provided, I give permission for my child to engage in the activities described. I agree that my child will attend practices and games both at home and away.
- I verify that my child has no medical condition that prevents him or her from physical activity and participation in the basketball league.
- I agree that my child may be photographed and / or videoed as a participant in the Nevada-Utah Sports League. I give my permission to use photos and videos of my child in print and on the Internet for lawful ministry purposes.
- I agree that my child will conduct him or herself according to Christian standards and Nevada-Utah Sport League policy. I understand that I am responsible for my child's actions and will be held responsible for my child's behavior and actions.
- I, as a parent / guardian, agree to be a positive role model to my child and other youth participating in the Sport League. I agree to be respectful to the coaches, chaplains, commissioners, referees, youth, and other adult fans / spectators. I agree to refrain from fighting, cursing, inappropriate language, aggressive criticism. I agree that the Sports League is not about me, it's about creating a safe and fun environment for our youth and helping them develop positive attitudes, leadership skills, and Christ-like character.
- I agree to pay all fees associated with my child's participation in the Sports League.

Signature of Parent / Guardian

Print Name of Parent / Guardian

Date

BASKETBALL LEAGUE CONSENT AGREEMENT

I, _____, (parent / guardian) hereby release, discharge, and hold harmless the Nevada-Utah Conference of Seventh-day Adventists, its employees, agents, sponsors, and volunteers from any and all damages, claims, or liability of any kind from any injury or death to my child, _____, or damage to property, arising or resulting from my child's participation in activities of the Sport League. This includes transporting my child to and from Sports League activities. I understand that employees and volunteers of the Nevada-Utah Conference will take all reasonable care to provide a safe environment for my child. I agree that the Nevada-Utah Conference, its employees, agents, sponsors, and volunteers will not be held responsible for any loss, damage, or injury suffered by my child during or as a result of any Sports Leagues activities. I confirm that my child is in good health, does not have any heart problems, or medical issues that make him or her ineligible to play sports, and his or her physician has given medical clearance to participate in the Sports League.

I, _____, (parent / guardian) give the following emergency medical treatment consent for the above named child, effective from the date of July 15, 2019 to the date of November 24, 2019.

Emergency Surgery

First Aid

Both of the above

None of the above

Primary Parent / Guardian Signature

Print Name Parent / Guardian

Date

Parent / Guardians, please return your completed form to your child's coach or the designated person at your school or church by July 30, 2019.

Coaches and pastors, please submit a completed Athlete's Form for each player along with your team application and mail with payment to:

Nevada-Utah Conference
Attn: Sports Ministry
10475 Double R Boulevard
Reno, NV 89521