

CHAMPIONS BASKETBALL REGISTRATION

*IN ALL THESE THINGS WE ARE MORE THAN CONQUERORS THROUGH HIM WHO
LOVED US.
ROMANS 8:38*

PLAYER

Name: _____
Address: _____ City, State, Zip: _____
Date of Birth: _____ Phone Number: _____
E-Mail Address: _____ School and: _____

PARENT(S)/GUARDIAN

Name: _____ E-Mail Address: _____
Address: _____ City, State, Zip: _____
Phone (Home): _____ (Work or Cell): _____

ALTERNATE Contact Person (other parent, relative, etc.)

Name: _____ E-Mail Address: _____
Phone (Home): _____ (Work or Cell): _____

Uniform check-out: You will be responsible for a \$50 replacement fee if uniform is not turned in by specified deadline after the season or not in good condition. **If you agree with this statement please sign below:**

Parent Signature: _____

GIRLS

___ 3rd Grade \$150
___ 4th Grade \$225
___ 5th Grade \$225
___ 6th Grade \$225
___ 7th Grade \$135
___ 8th Grade \$135

BOYS

___ 3rd Grade \$150
___ 4th Grade \$225
___ 5th Grade \$225
___ 6th Grade \$225
___ 7th Grade \$135
___ 8th Grade \$135

Medical: I authorize the program staff to act for me according to their best judgment in any emergency requiring medical attention to my son/daughter. I understand I am responsible for all hospital, laboratory, and doctor's fees. My child is physically fit to participate in vigorous physical activity and I understand that I hereby waive and release The Champions Program and Lincoln Lutheran Middle School/Sr. High School and Champions Personnel from any liability for any injuries or illnesses incurred while participating.

Signature of Parent or Guardian _____

Date: _____