

## Basketball registration checklist

A complete packet must be completed for each player.

**Please turn in all forms and payment at the same time.**

Forms:

- Registration form
  - Authorization and release of liability
  - CLBBY waiver for communicable diseases
  - CLBBY Insurance release
  - Player and Parent Code of Conduct
- 
- Payment: \$50.00 – make checks out to ERBC

Deadline:

**Sunday, October 3, 2021**



**EDWARDS ROAD BAPTIST CHURCH BASKETBALL**  
 Church League Basketball for Youth

ONE FORM PER PERSON. YOUR COACH WILL CONTACT YOU WITH DETAILS REGARDING PRACTICES AND GAMES. THE TOTAL FEE IS \$50 PER PERSON.

K-4 – K-5 -1<sup>ST</sup> GRADE \_\_\_\_\_  
 2<sup>nd</sup> -3rd Grade \_\_\_\_\_ 6<sup>th</sup>-8<sup>th</sup> Grade \_\_\_\_\_ Adult Men \_\_\_\_\_  
 4<sup>th</sup> -5<sup>th</sup> Grade \_\_\_\_\_ 9<sup>th</sup>-12<sup>th</sup> Grade \_\_\_\_\_ Adult Ladies \_\_\_\_\_

\_\_\_\_\_  
 PARTICIPANT'S NAME GRADE/AGE GENDER BIRTHDAY

\_\_\_\_\_  
 PARENT'S OR GUARDIAN NAME(S) – IF MINOR EMAIL ADDRESS

\_\_\_\_\_  
 COMPLETE ADDRESS

\_\_\_\_\_  
 HOME PHONE PARENT MOBILE PARENT MOBILE

\_\_\_\_\_  
 EMERGENCY CONTACT NAME EMERGENCY PHONE

\_\_\_\_\_  
 ALLERGIES OR MEDICAL CONDITIONS

\_\_\_\_\_  
 DO YOU HAVE A CHURCH HOME? IF SO, WHERE?

PLEASE VOLUNTEER  COACH  TEAM PARENT

SHIRT SIZE: \_\_\_\_\_ YOUTH SMALL \_\_\_\_\_ YOUTH MEDIUM \_\_\_\_\_ YOUTH LARGE \_\_\_\_\_ YOUTH X-LARGE  
 \_\_\_\_\_ ADULT SMALL \_\_\_\_\_ ADULT MEDIUM \_\_\_\_\_ ADULT LARGE \_\_\_\_\_ ADULT X-LARGE

RETURN TO: ERBC MISSIONS OFFICE, 1050 EDWARDS ROAD, GREENVILLE, SC 29615  
[www.edwardsroad.org](http://www.edwardsroad.org) • 864-244-2975 ext. 128

**PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.**

**NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.**

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

**AUTHORIZATION AND RELEASE OF LIABILITY**

I, the parent or guardian of \_\_\_\_\_ (name of child), authorize the participation of my child in the Edwards Road Baptist Church (ERBC) athletic program. My child will participate in the sport denoted on this brochure.

I understand that the program is conducted by the ERBC and its volunteers and staff, including parents of other participating children. I also understand that ERBC is responsible for all aspects of the program including selection and supervision of all persons conducting the program. I further understand and agree that my child's participation in athletic and other activities of the program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, ERBC, and all of the ERBC's representatives, and all other persons associated with the program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns I hereby authorize the Church to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the Church for the sole purpose of advancing ERBC programs.

**PARTICIPATION AND SAFETY**

I understand that participation in the program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the program activities. I understand that ERBC or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If ERBC determines that my child does have a physical, mental or other condition that may affect his/her ability to safely and appropriately participate in program activities (or that may affect the ability of other children to participate safely), ERBC may determine that my child cannot be permitted to participate. I understand and agree that, while ERBC desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

**CONSENT TO MEDICAL TREATMENT**

In the event my child is injured or becomes ill in program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize Edwards Road Baptist Church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign.

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Printed

name: \_\_\_\_\_ Date: \_\_\_\_\_ If only one parent/guardian signs this form, the following must also be signed:

I affirm that this form was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order, or (2) I have made a good faith effort to obtain the signature from the other parent/guardian but have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/ guardian objects to the child's participation in the Program.

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Date: \_\_\_\_\_



## INSURANCE RELEASE

I/We hereby state that our daughter/son \_\_\_\_\_  
is covered by \_\_\_\_\_ insurance policy.

I/We also hereby release CLBBY, all coaches, and participating churches for any  
responsibility in the case of an accident that might occur to my/our daughter/son while  
participating in any League activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We understand that in the event of an accident that would require emergency treatment;  
that every effort will be made to reach me/us. If I/we cannot be reached, I/we give  
permission to the responsible coaches and or CLBBY personnel to secure medical attention  
for my/our daughter/son.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### PLEASE FILL OUT THE BOTTOM PORTION IF IT APPLIES TO YOU:

My/Our daughter/son \_\_\_\_\_  
has a medical condition that requires the use of a medical assist device. This device has  
been prescribed by \_\_\_\_\_ MD. It  
is my/our request that my/our daughter/son be allowed to participate in the activities of  
CLBBY. I/We understand that there is an added risk of injury to my/our daughter/son  
and other participating players and officials because of the presence of this device. I/We  
release CLBBY, the Directors of CLBBY, all coaches, officials, participating players, and  
churches from any responsibility in the case of an accident that might occur to my/our  
daughter/son while participating in League activities. I/We will assume responsibility for  
any injury that might occur to other players and officials because of the presence of this  
device.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_ MD,  
having prescribed the above mentioned medical assist device for

\_\_\_\_\_,  
know of no reason why this person would be physically hindered from participating in the  
sport of basketball because of her/his medical condition and the presence of this device.

Signature: \_\_\_\_\_ MD: Date: \_\_\_\_\_



## Player Code of Conduct Agreement

I pledge to be responsible for my participation by following the CLBBY Player Code of Conduct:

- I agree to play in a positive manner, reflecting Christian values at all times.
- I agree to practice good sportsmanship at all times, to win without boasting, & lose without excuses, & never quit.
- I agree to attend & participate in all scheduled games & practices when possible.
- I agree to be aware of safety & will follow team & league rules to ensure safe play.
- I agree to my coach's authority & will participate & communicate positively with my coaches & teammates.
- I agree to treat fellow players, opponents, fans, & officials with respect.
- I agree to exercise self-control at all times, refraining from foul language, & setting a positive example for others to follow.
- I agree to support & encourage my teammates, & to always try my best & keep a positive attitude.

My signature verifies that I have read, understand, & agree to abide by this Code of Conduct.

Player's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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## Parents Code of Conduct Agreement

I hereby pledge to provide positive support, care, & encouragement for all children, participants, coaches, other parents, & officials in CLBBY.

- I agree to respect the schedules of the coaches & teammates by having my ballplayer arrive on time for practices & games and will notify my coach if my ballplayer will arrive late or not able to attend.
- I agree to be a positive, Christian role model & will not engage in public displays of anger or other poor behavior.
- I will promote good sportsmanship by respecting opposing fans, coaches, participants, & officials.
- I agree to respect coaching decisions regarding playing time, position, & placement & will refrain from coaching any player during the game.
- I will not approach players or coaches before, during, or immediately after games with anything other than support.
- **I agree to let the players play, coaches coach, officials officiate, & I will support all equally.**

My signature verifies that I have read, understand, & agree to abide by this Code of Conduct. I have also read & discussed, with my ballplayer, the Players Code of Conduct

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



**CLBBY Basketball WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

**ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate on behalf of (CLBBY Basketball) athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, the same elements that contribute to the unique character of a recreation program, such as exposing oneself to the natural elements, accidental injury to participants, illness, or in extreme cases, permanent trauma or death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (CLBBY Basketball) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Note: All participants must have signed form on file before participating. All participants must have read all guidelines and policies provided before signing form.