



**2017-2018**

**\$110/PLAYER DUE BY SEPTEMBER 29**

**\$100 for the second child  
(U6 is \$100 and \$90 for the second child)**

**\$120 after September 29 (depending on availability)**

Make checks payable to Sardis Presbyterian Church  
Note Child's Name on the memo line

**Mailing Address: 6100 Sardis Rd., Charlotte, NC 28270**

## PLAYER REGISTRATION

(Please Print Legibly)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age as of 10/16/17: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents'/Guardians' Name: \_\_\_\_\_

Dad Cell #: \_\_\_\_\_ Mom Cell #: \_\_\_\_\_

Dad Email: \_\_\_\_\_ Mom Email: \_\_\_\_\_

Are you a Sardis Presbyterian Church Member?  yes  no Would you like more information about Sardis?  yes  no

I will be willing to serve as a: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Parent \_\_\_\_\_  
(print your name next to a volunteer position)

Special Requests: \_\_\_\_\_

### Divisions

AA 6YRS. (MAY NOT REACH 7 BEFORE 10/17)  
A 8&UNDER (MAY NOT REACH 9 BEFORE 10/17)  
B 10 &UNDER (MAY NOT REACH 11 BEFORE 10/17)  
C 12&UNDER (MAY NOT REACH 13 BEFORE 10/17)  
D 14&UNDER (MAY NOT REACH 15 BEFORE 10/17)  
EE 16&UNDER (MAY NOT REACH 17 BEFORE 10/17)  
E 18&UNDER (MAY NOT REACH 19 BEFORE 10/17)

### Please Circle the Division You Are Registering For:

**Boy:** AA A B C D EE E

**Girl:** AA A B C D EE E

### Please Circle the Jersey Size:

YS YM YL AS AM AL AXL

## Parental Authorization

I, parent or guardian of the above named candidate for a positioning the above mentioned basketball program, hereby give approval to their participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent persons transporting the player to and from activities, for any claim arising out of an injury to the player, except to the extent and in the amount covered by accident and/or liability insurance held by the local league. I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment. I will furnish a certified birth certificate of the above named candidate upon request by league officials.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Player

\_\_\_\_\_  
Date