

REGISTRATION INFORMATION

\$65 per player for early registration
\$75 per player for late registration
\$10 discount for parent coach

Deadline for early registration is
December 4.

Final deadline December 14
(forms **MUST** be received by)

LEAGUE BREAKDOWN

Old North Basketball League is
COED for K through 5th Graders.

All Games are played at Old North
Church in the gym.

Registration/Evaluations are on:
Monday, December 11
Tuesday, December 12 &
Thursday December 14
6-8PM
(You only need to be present one
night.)

Practice are held on Mondays,
Tuesdays, or Thursdays from 6-9PM.

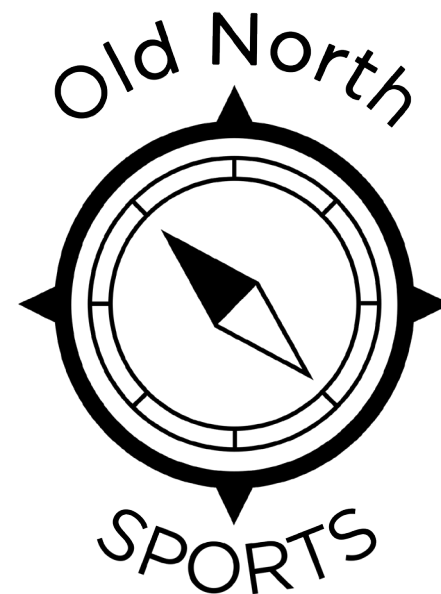
Games are on Saturdays with time
based on age group.

Practice starts week of January 8

First game January 20.
Last game March 3.
(March 10 possible make-up day due
to any weather cancellations.)

*Old North Sports believes
in providing a faith-based
sports program that
offers developmental
skills for the beginner
player, as well as offering
competiveness for
the more experienced
players.*

*We believe that if we
have the right balance
of coaching and
competiveness, we can
provide a fun and uplifting
environment for each and
every student.*



Elementary Basketball League

K-5th grade

January 8, 2018-
March 3, 2018

FOR MORE INFORMATION

Steven Hood, League Director
330.397.2812

Jennifer Hood, Assistant
330.503.8032

oldnorthsports1@gmail.com

PARTICIPANT CONTACT INFO

Last Name: _____

First Name: _____ MI: _____

Gender: _____ Date of Birth: ____/____/____

School: _____

Grade (2017/18 year): _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: (____) _____

E-Mail: _____

Church (if you attend regularly): _____

Participant Information Notes: _____

If you make requests, please understand that we will do everything we can to make them work, but not all requests may be possible.

BRING OR MAIL REGISTRATION FORM AND FEE TO:

Old North Church
7105 Herbert Road
Canfield, OH 44406

Circle (1) day that you **CANNOT** practice:

Monday Tuesday Thursday

JERSEY SIZING INFORMATION

(Please check one)

_____ Youth S

_____ Youth M

_____ Youth L

_____ Youth XL/Adult S

_____ Adult M

_____ Adult L

_____ Adult XL

_____ Adult 2XL

INTERESTED IN COACHING?

(Please check one)

_____ Head Coach

_____ Assistant Coach

Name: _____

Phone number: _____

Shirt size: _____

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in the Old North Sports Ministry (the "Program") of Old North Church(the "Church"). My child will participate in the Old North Sports Ministry of Old North Church. I understand that this Program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by the Church and its volunteers and staff, including parents of other participating children. I also understand that the Church is solely 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 the Program, Old North Church and all of the Church's directors, commissioners, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and 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 and Upward Sports 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 and the Program. By providing your email address, you agree to be included in occasional surveys from the Old North Sports Ministry of Old North Church and Old North Church at which time you will have the opportunity to unsubscribe.

MEDICAL CONDITIONS

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 the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities, the Church may determine that my child cannot be permitted to participate. I understand and agree that, while the Church 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 the 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: _____

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.