# 2021 Flag Basketball/Cheerleading

Last Name _____ First Name _____ MI _____ Gender _____ Grade _____

Parent/Guardian Name(s) _____

Street Address _____ Zip Code _____

(_____) _____ Mom's Cell Phone

(_____) _____ Dad's Cell Phone

Would be you interested in coaching? Yes _____ No _____

Additional Information / Allergies (Medical/Food)

_____

_____

_____

**My child will be participating in:** Flag Basketball _____ Cheerleading _____

**Siblings that are Participating:**

| Name: | Grade | Sport |
|---|---|---|
| | | BB / Cheer |
| | | BB / Cheer |
| | | BB / Cheer |
| | | BB / Cheer |
| | | BB / Cheer |

**Shirt Size:** YXS YS YM YL YXL AS AM AL XL XXL XXXL

**I give permission** for my above-named son/daughter to participate with Old Plank Road Baptist Church. **I hereby release** Old Plank Road Baptist Church, it's staff and sponsors, from responsibility and liability for any injury or illness my son/daughter may sustain while participating in this sporting event. In the event of an emergency, **I hereby authorize** one of the adult leaders from Old Plank Road Baptist Church to serve as agent for me, to consent to an x-ray exam, medical, dental or surgical diagnosis, treatment and/or hospital care. Care must be provided by a physician, EMT, RN, surgeon, dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. **I expect** to be contacted as soon as possible. **I also give permission** for my child's image to be captured and used in any Old Plank Road Baptist Church publications, promotional material, Church website, and/or slide shows.

Print Name of Parent/Guardian _____ Signature of Parent and/or Legal Guardian _____ Date _____

**OFFICE USE ONLY:** Paid _____ Payment Type _____ Amount $ _____

Run: _____ Dribble: _____ Shoot: _____