

City-Wide Church Basketball League Basketball Permission & Medical Form

(PLEASE PRINT Information)

School Grade _____ D.O.B. ____/____/____

Player's Name _____

Address _____ City _____ Zip _____

Parent's Name _____

Phone #'s Home _____ Work _____ Cell _____

Email _____

Alternate Emergency name and number:

Name _____ Phone # _____

Medical Profile

Name & dosage of any medications that can or must be taken

Pre-existing or present medical conditions? _____

Any known allergy? (food) _____ (medicines) _____

___ Hay fever ___ Heart Condition ___ Diabetes ___ Insect Stings

___ Asthma ___ Frequent Stomach Upsets ___ Physical Handicap

___ Any Major illness during past year ___ Epilepsy/Nervous Disorders

If any of the above is checked, please include routine means of treatment.

Medical Release & Permission

My child has permission to participate with the City-Wide Church Basketball League. I, do hereby give Covenant United Methodist Church and its representatives permission to administer minor medical attention to my child should the need arise. I also release the said institution of all liabilities.

Parent Signature _____ Date ____/____/____

City-Wide Church Basketball League Player Registration Form

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Men's Divisions
Ages: 19-29
<input type="checkbox"/> Ages: 30 & over

<input type="checkbox"/> Women's Divisions
Ages: 19 & over

<input type="checkbox"/> Sr. High Boys
Ages: 16-18

<input type="checkbox"/> Sr. High Girls
Ages: 16-18

<input type="checkbox"/> Jr. High Boys
Ages: 13-15

<input type="checkbox"/> Jr. High Girls
Ages: 13-15

<input type="checkbox"/> Tweenage Boys
Ages: 11-12 | <input type="checkbox"/> Tweenage Girls
Ages: 11-12

<input type="checkbox"/> Youth Boys
Ages: 9-10

<input type="checkbox"/> Youth Girls
Ages: 9-10

<input type="checkbox"/> Younger Boys
Ages: 7-8

<input type="checkbox"/> Younger Girls
Ages: 7-8

<input type="checkbox"/> Mighty Mites
Ages: 5-6 (Co-ed) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Interested in coaching? Yes No

In order to have the correct size jersey, please circle the size you will need.

Youth

Small (6-8) Medium (10-12) Large (14-16)

Adult

Small Medium Large X-Large XX-Large

Please return this form in person, mail, or email to:

Covenant United Methodist Church

Attn: Michael Smith

3610 West Main Street

Dothan, AL 36305

Phone: (334) 714-4837 | michael@covenantdothan.org

In order to be on a team THIS SHEET ALONG WITH YOUR \$50.00

REGISTRATION FEE will have to be turned in to the

Director of Recreation by **October 31, 2017**.

FOR OFFICE USE ONLY:

_____ Date Paid ___ Cash ___ Check # ___ Kiosk/Online