

## **SIGN UP & PERMISSION FORM for Congo Hoops Basketball**

*Mail/drop off this form to your coach or Mike Tilden @ First Congregational Church, 1106 Chestnut St, Western Springs, IL 60558. \*To be kept on file for 1 year.*

Teen Name \_\_\_\_\_ B.D. \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade 2018-19 \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Home

Address: \_\_\_\_\_

Father's Name & Cell #:

\_\_\_\_\_

Mother's Name & Cell #:

\_\_\_\_\_

Emergency contact & Cell #:

\_\_\_\_\_

### **GENERAL PERMISSION:**

I request that my child, named above be allowed to participate in the First Congo HIGH SCHOOL BASKETBALL LEAGUE PRACTICES AND GAMES. I hereby release and indemnify my church, First Congregational Church, it's staff and volunteers from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the event.

### **CODE OF BEHAVIOR:**

You are representing First Congregational Church, your family and yourself during this activity/event. We expect that you will display mature and responsible behaviour.

### **EXPECTATIONS:**

1. All participants are expected to arrive on time for games (15 minutes before scheduled game time).
2. All participants are expected to demonstrate common courtesy and respect at all times, during both practices and games. Inappropriate language/behavior will NOT be tolerated.
3. The possession or consumption of any alcoholic beverage and/or use of any illegal drug is not permitted.
4. Smoking is not permitted.
5. Weapons and/or drug paraphernalia are not allowed.
6. Infraction of the above rules can mean immediate dismissal with no refund.

*I understand and agree to this Code of Behavior.*

Student Initials: \_\_\_\_\_

Parent Initials: \_\_\_\_\_

**MEDICAL PERMISSION**

*I grant permission for the administration of First Aid to my child, named above by the people in charge of the First Congo Youth Ministry activities, and those transporting my child to and from the events as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff/volunteer to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.*

Allergic to medication/other? NO/YES

Describe:

Medications presently taking

**Insurance Information**

Policy in the name of: \_\_\_\_\_

Policy Name & Number: \_\_\_\_\_

FOOD

ALLERGIES \_\_\_\_\_

I give my permission for photos/videos of my child to be used for future church event promotion only \_\_ Yes \_\_ No.

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

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