

HOW DO I SIGN UP?

REGISTER ONLINE:

Kennewick Baptist Church-Kennewick WA

2425 W Albany Ave
Kennewick, WA 99336-3064

Register Online at <http://registration.upward.org/UPW63112>

REGISTRATION INFORMATION:

The registration cost per child for is \$70. Registration is open to athletes age 5 years old through 6th grade. League is CO-ED.

Online registration is required prior to coming to the evaluation.

Basketball shorts are **optional** at a cost of \$16.

Payments are made in person, due on the day of evaluation, cash or check only.

EVALUATIONS:

Everyone must attend one basketball evaluation. They will take place in the KBC Gym. Athletes age 5 through 4th grade need to choose one evaluation:

Evaluation for Boys and Girls Age K5 through 4th grade

Saturday, November 12, between 10:00 a.m. and 12:00 p.m.

Evaluation for Boys and Girls Age K5 through 4th grade

Thursday, November 17, between 5:30 p.m. and 7:00 p.m.

Athletes in 5th and 6th grade **MUST ATTEND THIS EVALUATION:**

Evaluation for Boys and Girls 5th and 6th Grade only

Saturday, November 19, between 10:00 a.m. and 12:30 p.m.

PROGRAM SCHEDULE:

First Practice - Monday, December 5, 2016

First Game - Saturday, January 14, 2017

Awards Celebration - Saturday, March 11, 2017

FOR MORE INFORMATION:

Chad Pettitton

pettitochns@gmail.com

509-430-8070

Follow us on Facebook:

Kennewick Baptist Church Upward Basketball



Cut here and keep

UPWARD
SPORTS

16/17

UPWARD BASKETBALL



BASKETBALL



UPWARD
SPORTS

REGISTER ONLINE AT:
[HTTP://REGISTRATION.UPWARD.ORG/UPW63112](http://registration.upward.org/UPW63112)

For a larger print version of these terms and conditions please visit www.upward.org/registration

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.

Note: THIS FORM INCLUDES A RELEASE OF LIABILITY.

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in the Upward of Umbrella (herein being referred to as "Upward") athletic program (the "Program") of the above-named Church, my child will not be held liable for any injury or damage to my child or to my child's property, and I will not be held liable for any injury or damage to my child or to my child's property. My child's participation in the Program is voluntary and not essential to completion 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, and that UU is not responsible for the Program or selecting and supervising 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 Church and UU, and all of the Church's and UU's directors, officers, others, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating coaches, sponsors, staff, volunteers, directors, officers, trustees, deacons, employees, insurers, agents and representatives) as to any and all claims of my child, me and/or 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, in 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 UU 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 UU for the sole purpose of advancing the Program. I acknowledge and consent that registration will allow UU to obtain access to personal information regarding me and my child participant. I agree that UU may use such personal information to contact me and my child participant. I agree that UU may use such personal information to contact a teacher, coach, staff, or volunteer of UU's Church. My consent and privacy may be found at www.upward.org. I further acknowledge and consent that use of such personal information may involve communication by UU directly to the parent/guardian home and email addresses.

PARTICIPATION AND SAFETY

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 not have a physical condition to participate in the Program activities, then I will be asked to sign a waiver to participate as they, 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, assistants, coaches, aides, and other personnel, to administer first aid and other emergency medical services, including but not limited to, resuscitation, CPR, and other first aid and other emergency medical services, and to consent to medical services for pain and other conditions as prescribed by medical personnel, including 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. My signature also indicates that all legal guardians are aware and consent with the participation of the above-named child.

Signature:

Printed Name:

Date:

BRC73118

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