



HOW DO I SIGN UP?

Just bring or mail this form to:

Twelve Oaks Baptist Church *2110 New Holt Road* Paducah KY 42001

Form can be dropped off at the **church office** anytime between **8:00am** and **4:00pm** Monday through Friday
(Please use doorbell to the left of the door and one of our staff will open it for you)

OR bring to the evaluation

REGISTRATION DEADLINE IS NOVEMBER 4TH

There is NO cost for this Program

Evaluations: Everyone must attend one of the basketball or cheerleading evaluations

They will take place at the **Twelve Oaks Baptist Church Family Life Center** as follows:

K-6th Grade Boys/Girls Thursday November 2 from 6:00pm to 8:00pm OR

K-6th Grade Boys/Girls Saturday November 4 from 9:00am to 12:00pm

League Schedule

Practices begin the week of December 11

First Game – Saturday, January 13

Awards Celebration – Monday, February 26 at 6:00pm

For Information Contact the Church Office at 270-554-4634 or email at office@12oaksbaptist.com

I am Registering My Child For: Basketball Cheerleading

Last Name _____ First Name _____ Gender _____ Grade _____ Date Of Birth _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____ Email _____

Church (if you attend, which one?) _____ Would you be willing to coach your child's team? Yes No

Sizing of Jerseys/Uniforms (to be completed at evaluations)

Basketball Jersey/Cheer Top Size (circle one): **YS YM YL YXL AS AM AL AXL A2X**

Evaluations (For Coaches Use Only) Circle one: **A B C D**

Jump Shot _____ **Lay-Ups** _____ **Right/Left Hand Dribble** _____

Cone Weave _____ **Height – in inches** _____

Parent/Guardian Information : Father _____ Phone _____

Mother _____ Phone _____

Emergency Contact _____ Phone _____

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT: THIS FORM INCLUDES A RELEASE OF LIABILITY

I, the parent or guardian of the named child on this form, authorize my child's participation in the Straight Up Ministry at Twelve Oaks Baptist Church. I understand that this program is a nonprofit Christian sports ministry for youth and that my child's participation is voluntary. I understand that the program is conducted by the Church and its volunteers and or staff and other children. I also understand that the Church is responsible for all aspects of the Program. I understand and agree that my child's participation in athletic activities of this program necessarily involves the risk of injury and on behalf of my child, I assume these risks. I hereby release all of the Church's volunteers or staff, insurers, and anyone involved with the program as to any and all claims of my child, including any damage or medical expenses, or economic loss. I understand that participation in the program may involve strenuous and prolonged physical activity and I agree that my child is healthy and able to participate. In the event my child is injured or becomes ill and if I, the parent or guardian of the child, am not present to make medical decisions, I hereby authorize the Church, its staff and volunteers, to give first aid treatment or arrange emergency treatment. My signature below indicates all information on this form is true and that I fully agree to all statements on the form.

Parent or Guardian Signature _____ Date _____

Parent or Guardian Printed Name _____ Date _____