

**ST. JOHN'S ARMENIAN CHURCH  
YOUTH BASKETBALL 2008/2009  
REGISTRATION**

**PLEASE PRINT**

**Child's Name** \_\_\_\_\_

**Childs Age** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (home)** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Parents Names** \_\_\_\_\_

**Fathers Cell** \_\_\_\_\_ **Mothers Cell** \_\_\_\_\_

**Registration Fee:**            **\$40.00 Church Member**            **\$50.00 Non-member**

**Date Paid** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Cash** \_\_\_\_\_

**MEDICAL PERMISSION**

It is understood by me that my child \_\_\_\_\_ health needs will be provided at the church for my child while he/she is registered as a participant. Permission is hereby granted for such care and additional medical procedures that the staff or doctors at a local hospital, may deem essential in case of injury or disease of an emergency nature while my child is registered as a participant of St. John's Basketball Program.

**WAIVER OF PARTICIPANT**

In consideration of your accepting my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against St. John's Armenian Church and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. He, she, or I have no physical defects and fully understand that medical insurance is the sole responsibility of the participants.

**PARENT SIGNATURE** \_\_\_\_\_