

HOW DO I SIGN UP?

REGISTER ONLINE, MAIL OR BRING INFORMATION TO:

Immanuel Lutheran Church

214 W. 5th Street
Washington, MO 63090-2304

Register Online at

<http://registration.upward.org/UPW66426>

Form and registration fee may be dropped off at the church office, Monday through Friday, 8:00 a.m. - 3:00 p.m.

REGISTRATION INFORMATION:

The early registration cost is \$35 per player, after July 6, the cost is \$45. Registration will close on Wednesday, July 11.

PROGRAM SCHEDULE:

Basketball camp for K5 through 6th boys and girls will be held Monday, July 16, 2018 through Friday, July 20, 2018 from 8:00 a.m. to 12:00 p.m.

FOR MORE INFORMATION:

Zachary Klatt
zachary.klatt@imlutheran.org
(913) 209-8622

UPWARD 2018 | UPWARD BASKETBALL CAMP
SPORTS | REGISTRATION FORM

PLAYER CONTACT INFO: SESSION ATTENDING:

Last Name	Grade (18-19 school year)	First Name	Date of Birth	MI
Gender	Address	City	State	ZIP
Home Phone ()	Parent's Cell ()	Church (if you regularly attend church, which one?)	Player Information Notes (if any)	

Shift Size (Circle one) **YS YM YL YX/LAS AM AL AXL A2X**

PARENT/GUARDIAN INFORMATION:

Father/Guardian _____
 Email _____
 Phone () _____
 Mother/Guardian _____
 Email _____
 Phone () _____
 Emergency Contact _____
 Daytime Phone () _____ Evening Phone () _____

EVALUATIONS: (COACHES USE ONLY)

Lane Shooting **Right Hand Dribble** **Left-Side Shot**

Defensive Slide **Right-Side Shot** **Left Hand Dribble**

Height - in inches

OFFICE USE ONLY

DATE PAYMENT TYPE AMOUNT PAID NOTE

For a larger print version of these terms and conditions please visit

www.upward.org/Upward2018

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 each section.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in the Upward Unlimited (herein being referred to as "the athletic program (the Program") of the above-named Church. My child will participate in the Upward sponsored on this form. I understand that this Program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not in exchange for completion of requirements of any program, school or government agency and that the Program is conducted by the Church and its representatives and staff, including parents of other participating children. I understand that the Church is solely responsible for the conduct of the Program including selection and supervision of all persons conducting the Program, and that I, as 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, exhaustion, illness, collision or dispute with other participants, weather-related injuries, playing with and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks, in consideration and in exchange for my child's participation in the Program, and any first aid, medical care or treatment provided to my child, in and event my child is injured or becomes ill while participating in the Program, I shall be as broadly construed as allowed by law, my family members may have. I am a legally sound person and I hereby authorize the Church and its representatives to release of liability to the Church and its representatives, including the Church and its representatives, for any and all claims and rights that the child, shall as parent/guardian of my child. If any provision of this Release of Liability is held to be unenforceable, 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 I, to use, produce, 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 promoting the program, acknowledging and consent that registration will allow UU to obtain access to personal information regarding me and my child participant. I agree that I hereby authorize the Church to use my personal information in a manner consistent with UU's most current version of UU's Terms of Use (www.upward.org/Upward2018) 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 have a physical, mental or psychiatric condition or that I am unable to give my child appropriate medical care, I agree that I will seek the ability or permission 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 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 parents, doctors, assistant coaches, and referees, supervisors and drivers, to arrange for medical tests and treatment, and to consent to emergency medical and dental care and treatment, and to consent to radiological exams, and surgery, anesthesia, and other procedures, and to consent to medical tests or procedures for diagnosis or treatment of any medical condition or injury. I agree to all statements made on this 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 consensual with the participation of the above-named child.