



REGISTRATION COMPLETION CHECKLIST

(PLEASE PRINT ALL INFORMATION CLEARLY)

Check Completed Items

TYPE OF REGISTRATION
FORM:

☐ PINK GIRLS

☐ BLUE BOYS

☐ WHITE
CHEERLDR

Child Name _____

Date Completed _____

Picture _____

Birth Certificate _____

Waivers Initialed & signed _____ (registration form & hold harmless agreement)

Uniform Sizes _____ (circle youth or adult then size)

Parent Code _____

Player Code _____

Money Order _____ (Make payable to FBC FLC, Inc)

Enter your child name and FOR basketball or cheerleading registration on MONEY ORDER

Money Order Signed _____

Registration form signed _____

Parent Packet _____ (pickup from table)

**Please place money order and completed forms in envelope and
place in box.**

Micheal Benton FAMILY LIFE CENTER, Inc

YOUTH CHEERLEADER REGISTRATION FORM

(Attach Birth Certificate and Picture)

REGISTRATION DEADLINE IS DECEMBER 3, 2016

ADDITIONAL COST WILL APPLY FOR UNIFORMS

CIRCLE YOUTH OR ADULT SIZE

Name: _____

Home Address: _____

City: _____ Zip Code: _____ Phone: _____

Parent / Guardian _____ Cell Phone _____ Email _____

	ADULT or YOUTH					
SHELL	S	M	L	XL	2X	3X A or Y
SKIRT	S	M	L	XL	2X	3X A or Y
CROP	S	M	L	XL	2X	3X A or Y

	ADULT or YOUTH					
BRIEF	S	M	L	XL	2X	3X A or Y
SOCKS	5-7	7-9	9-11	10-13	A or Y	

MEDICAL AND EMERGENCY CONTACT INFORMATION

Emergency Contact	Home Phone	Cell Phone	Work Phone	Relationship
Doctor Name	Phone Number	Group Policy Number	Medical Insurance Company	Hospital Preference
				Date of last Physical

☐ Yes ☐ No Does your child have any illness that requires medication? ☐ Yes ☐ No Is there special health information we should know about your child?

NOTE: If you answered YES to any of the above questions please fill out additional form. Maybe receive from FBC Representative.

I hereby warrant and represent that I am the legal Parent or Guardian of said child, and I am authorized to give this information and make this decision. Initial Here _____

CHEERLEADERS

Date-of-Birth: _____ Age as of Oct. 1: _____ ☐ 4-7 ☐ 8-10 ☐ 11-13 ☐ 14-16

Cheerleading Director – Brittany King – (678)360-8041

Micheal Benton Family Life Center, Inc. and United Christian Athletic Association

WAIVER and Hold Harmless Agreement

As the parent of legal guardian of _____ (my child), I hereby give permission for my child to participate in the basketball programs at Fairfield Baptist Church (FBC), Micheal Benton Family Life Center, Inc. (MBFLC) and the United Christian Athletic Association (UCAA). I also agree that MBFLC, FBC and UCAA may use such photographs of my child with or without my name and for any lawful purpose, including publicity, illustration, advertising, and Web content. I understand that Micheal Benton Family Life Center, Inc., a subsidiary of Fairfield Baptist Church, and the United Christian Athletic Association are non-profit charitable institutions, which is voluntarily presenting this program for my child, other participants, and the community. In consideration of giving my permission for my child to participate in the 2016 - 2017 basketball season (hereby called the "COMPETITION"), which is organized by the Micheal Benton Family Life Center, Inc., and the United Christian Athletic Association I hereby RELEASE, WAIVE, DISCHARGE, AND **COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes the Micheal Benton Family Life Center, Inc., the Fairfield Baptist Church, the United Christian Athletic Association, and each and every organization involved with sponsoring the COMPETITION, and their officers, directors, agents, volunteers, or employees (hereby collectively called the "ORGANIZERS") FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, DAMAGE TO PROPERTY, OR PERSONAL INJURY that may be sustained as a result of my child's participation in the COMPETITION or their use of equipment or facilities provided by the ORGANIZERS. I also understand that basketball is an active sport, which can involve physical contact with other members, the floor, field, or equipment, and that there is a resulting risk of physical injury to my child. I have explained these risks and the benefits of playing team sports to my child and my child is in proper physical condition to play basketball and has no existing injuries or conditions that could jeopardize his or her safety or health of the other participants.

Initial Here _____

My child's participation in COMPETITION and its associated activities and events is completely voluntary at our own risk. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY that may be sustained during or as a result of his/her participation in the COMPETITION and its associated activities and events, WHETHER CAUSED BY AN ACT OF COMMISSION OR OMISSION on the part of the ORGANIZERS or otherwise. I FURTHER AGREE TO INDEMNIFY AND **HOLD HARMLESS** the ORGANIZERS for any loss, liability, damage or costs that may occur as a result of my child's participation in the COMPETITION and its associated activities and events. It is my express intent that this **COVENANT NOT TO SUE AND HOLD HARMLESS** agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased.

In signing this COVENANT NOT TO SUE and HOLD HARMLESS agreement, I acknowledge and represent that I have read the foregoing COVENANT NOT TO SUE and HOLD HARMLESS agreements, understands it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

I/we the undersigned, being a parent or guardian of the minor listed above and having legal capacity to act on his/her behalf, do hereby consent to the foregoing **HOLD HARMLESS AGREEMENT**.

Parent/Guardian Signature: _____

Date _____

PLEASE DO NOT WRITE BELOW THIS LINE OFFICIAL USE ONLY

REGISTRATION \$85

REGISTRATION WILL BEGIN ON October 1, 2016

NO REFUNDS AFTER DECEMBER 31, 2016

☐ Money Order Receipt #: _____ Date Paid _____ ☐ Pay Online by [Pay Pal](#)

☐ Credit Card Amt Paid \$ _____ Received By: _____ Date: _____

6133 Redan Road * Lithonia, Georgia 30058 * (770)482-7660 Ext. 203 * www.fairfieldbaptistchurch.org