

NHC CAA Basketball Registration

2008-2009

New Hope Church

4225 Gettysburg Ave N

New Hope, MN 55428

763-533-2449

Name: _____ Birthday: _____ Grade: _____

Parent/Guardian: _____ Home Phone: _____

e-mail: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

Church Affiliation: NHC Other: _____

Interested in Coaching? Head Coach Assistant Helper

League Information posted at: **www.caahoops.net**

I understand and agree to the following guidelines:

1. I hereby give my permission for medical attention to my child in case of injury, illness or accident; including major surgery. In the event of an emergency, I give my permission to the Basketball coaches to select a physician to administer proper treatment. I realize I will be contacted at the earliest possible moment in case of such an emergency.
2. I hereby release New Hope Church and any other parties from liability in case of injury and/or accident.
3. By signing this document, I give New Hope Church the right to use any photographs taken during the season for publications used to promote church ministries.

Parent/Guardian Signature: _____

Cost: **\$50.00 per child**

For NHC use only:

PD: _____ Date: _____ Team: _____