

REGISTRATION CARD

TAB SPORTS

Office Reminder: STAPLE RECEIPT TO REGISTRATION FORM

Sport: Basketball _____ Soccer _____ Track _____ Football _____

Flag Football _____ **Chess** _____

DATE: _____

Player's Name _____
 Sex _____
 Address _____
 Zip _____
 Home Phone _____
 Date of Birth _____
 School _____
 Grade _____
 e-mail address _____

Mother's Name _____
 Home Phone _____
 Work Phone _____
 Address _____
 Zip _____
 Father's Name _____
 Home Phone _____
 Work Phone _____
 Address _____
 Zip _____

T-SHIRT SIZE 10/12 14/16 AS AM AL AXL AXXL

MOTHER WILLING TO VOLUNTEER FOR:			FATHER WILLING TO VOLUNTEER FOR:		
_____ Coach	_____ Score Keeper	_____ Coach	_____ Score Keeper		
_____ Asst Coach	_____ Devotion Leader	_____ Asst Coach	_____ Devotion Leader		
_____ Official	_____ Concession Stand	_____ Official	_____ Concession Stand		

**TABERNACLE PRESBYTERIAN CHURCH: PARENT/GUARDIAN CONSENT AND RELEASE FORM
 SPECIAL INSTRUCTIONS/NOTICE OF DISABILITIES:**

I/We tge parents/guardians of _____ do hereby give our approval to my/our child's participation in the various athletic and other activities of Tabernacle Presbyterian Church, Tabernacle Recreation and Tabernacle Youth groups and Clases (hereinafter referred to as "TAB"). I/We are aware of the nature and extent of the activities that may take place and travel involved and represent to you that the participant is physically and mentally able to participate in those activities. I/We understand that the activity(s) may present a risk of serious injury. I/We and the participant assume all risk of any such injury and agree to indemnify and hold TAB, its agents, employees, Pastors, staff, officers, Trustees, members and representatives harmless from any and all liability from injury or death to the participant while engaged in this activity, which are which are caused or contributed to by the participation or conduct of the participant. I/We further agree that no action will be brought by us, on behalf, or on the behalf of my/our child for any loss or damage sustained by us or by my/our child by reason of participation in any activity sponsored by TAB. Any equipment that is furnished to or used by the participant is made available merely for our benefit anf the benefit of the participant. I/We understand that TAB makes no representation as to such equipment's quality or fitness for use or as to the selection of such equipment. Participant assumes all risk of injury to person or property arising out of the use of such equipment supplies by TAB wheter the equipment be rented, owned or otherwise, for the use of the participant named above, including any claim or causes of action for an alleged defect in any and all equipment supplied by TAB. If we are not personally present at the activities in which the participant is to participate so as to be consulted in the event of necessity or emergency, you are hereby authorized on my/our behalf to arrange for such medical, dental, hospital, or health care treatment as you may deem advisable for the health and well being of the participant. I/We assume all financial obligation for all medical, dental, hospital, or health care services given to my/our child/ward. MY/OUR MEDICAL INSURANCE CARRIER IS: _____ POLICY No. _____

I/We, the undersigned have read this Consent and Release and understand all of its provisions. I/We execute it voluntarily and with full knowledge of its significance. I/We also acknowledge and so stat that I/We am/are legally entrusted parent(s)/ guardian(s) for the above named child, children, or ward(s). IN WITNESS WHEREOF, I/WE HAVE EXECUTED THIS
 CONSENT AND RELEASE THIS _____ DAY OF _____, 200__.

Parent/Guardian _____ PARENT/Guardian _____

*This is a legal document. Please read carefully and fill out completely.
 any questions regarding this document, please consult with an attorney.*