

**EASTERN STAR BAPTIST CHURCH
RECREATION ACTIVITIES**

YOUTH

REGISTRATION / WAIVER FORM

Sport: _____

Name _____ Age _____ Gender _____ Date of Birth ____/____/____

Address _____ Zip _____ School _____

Home Phone # _____ - _____ Cell # _____ - _____ Work Phone # _____ - _____

Parent(s) Name _____ Email _____

How long playing the sport? _____ Height _____ Weight _____ Grade Level _____

Eastern Star Church Member? YES or NO * If yes, which service do you attend? _____

If not, where is your church home? _____

Interested in being a coach? YES or NO If yes, what division? _____

In Case of Emergency Contact:

Name _____ Phone # _____ Relationship to Child _____

By Acknowledging and signing this form, the participant's parent/guardian recognizes the risk involved and agrees to the following terms and conditions.

1. Physical Condition Certificate

I certify that my son/daughter has no physical condition or defects, which would cause undue strain on any part of his/her body by engaging in strenuous exercise or other similar activities that he/she might pursue while participating in recreation activities at Eastern Star Church, or any other locations that Eastern Star may use.

2. Release and Assumption of Risk

I agree that by my son/daughter's participation in recreation activities, I expressly assume all risks and full responsibility for any injuries, damages, or losses which may occur on or about the premises of Eastern Star Church or any other locations where activities are played, and I hereby fully and forever release Eastern Star Church its officers, employees, coaches, and volunteers from all liability for any and all claims, demands, rights of action or causes of action, present and or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in recreation activities within Eastern Star Church.

I have read the above information and hereby agree to the terms of the forgoing release.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received _____ **Payment** **Check #** _____ **or** **Cash**
Amount _____ **Date** _____
Received by _____