



Sacramento Japanese  
United Methodist Church (SJUMC)  
Youth Basketball Program



**2022-2023  
REGISTRATION APPLICATION**

**PLAYER'S INFORMATION:**     Returning Player     New Player

Name \_\_\_\_\_  M     F

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Grade (Fall 2022) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_

Email \_\_\_\_\_ Is the player trying out for high school team?     Yes     No     N/A

Church of Attendance \_\_\_\_\_

**Uniform:**

Instructional Only                      Jersey Top:             Youth                       S     M     L     XL

B, C, D, and E Division              Jersey Top:             Youth     Adult             S     M     L     XL

Jersey Bottom:             Youth     Adult             S     M     L     XL

**PARENT / GUARDIAN INFORMATION:**

1. Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Church Attendance:**

The Attendance/Community Service Requirement of 60% (24 credits) is a Northern California Church League (NCCL) requirement for B, C, D, and E Division players.

**Player's Conduct:**

All players are expected to conduct themselves in an appropriate manner that reflects good sportsmanship and general respect for each other and the game. There will be **ZERO** tolerance to any un-sportsman like conduct.

**Parent Participation:**

DUE TO COVID, TO BE DETERMINED.

**Team Selection:**

Requests for players to be placed on the same team as a friend or with a specific coach must be submitted at the time of registration. SJUMC will make every effort to honor the request, but we cannot promise all requests can be made due to the need to have players on another team to make it complete. Priority will be given to returning players who register on time. Requests for players to play in a younger or older division must contact the boys or girls' coordinator before the registration deadline to discuss.

Parent or Guardian (PLEASE PRINT) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR PROGRAM USE ONLY**     B     C     D     E     I     B     G    Coach \_\_\_\_\_

<b>2022-2023</b> <b>WAIVER OF LIABILITY FORM</b>
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Player's Name \_\_\_\_\_ Grade \_\_\_\_\_

**PARENT PERMISSION AND EMERGENCY CONSENT**

I, the undersigned, parent(s) or legal guardian(s) of, a minor, give permission to the SJUMC Basketball Board staff, coaches, pastors, employees, and volunteers of the church who are 25 years of age or older to transport my child and act according to their best judgment in any emergency. I do hereby further authorize the above adult as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical care or treatment, and hospitalization which is deemed advisable by, and is rendered under the supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act or a licensed dentist, as the case may be, whether such diagnosis or treatment is rendered at the office of said physician or dentist or at a hospital, or elsewhere as circumstances may require in the discretion of the treating physician or dentist. It is understood that this authorization is given in advance of any specified diagnosis, medical or dental care, and hospital care being required, but is given to provide authority and power on the part of the above adult to give specific consent to any and all such diagnosis, medical, dental or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable.

1. Parent or Guardian	Relationship	Phone
2. Parent or Guardian	Relationship	Phone
3. Alternate	Relationship	Phone
Health Plan _____	Policy No. _____	
Physician's Name _____	Phone _____	
Dentist's Name _____	Phone _____	

1. Does your child have allergies:  Yes  No  
 If yes, to:  pollens  insect bites  medications  food  other

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2. Does your child have any medical condition:  Yes  No  
 If yes, to:  asthma  epilepsy/seizure disorder  heart trouble  diabetes  physical handicap  other

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3. Does your child wear glasses or contact lenses:  Yes  No  
 If yes, to:  glasses  contact lenses  both

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4. Does your child take any medicine(s)?  Yes  No  
 If yes, to:  over the counter  prescription

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**PERMISSION FOR IMAGES**

I give permission to have his/her image and voice used by the SJUMC for promotional and educational purposes. I understand that his/her image and voice will be used to help illustrate and promote the ministry of Jesus Christ and SJUMC.

**LIABILITY RELEASE**

In consideration of Christ Church allowing the player to participate in the youth basketball program, I, the undersigned, do hereby waive and release, forever discharge and agree to hold harmless SJUMC Basketball Board staff, coaches, pastors, employees, and volunteers, Sacramento City Unified School District, Elk Grove Unified School District, Los Rios Community College District, Chinese Community Church, Florin Buddhist Church, Stockton Buddhist Church, Stockton Calvary Presbyterian Church, Sacramento Asian Sports Foundation, and any and all locations where the SJUMC Basketball Program practices and/or competes, from any and all liability claims or demands resulting from any personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the player while participating in the SJUMC Basketball Program and related social activities. I, the parent or legal guardian of this player, hereby grants my permission for the player to participate fully in the youth basketball program activities, including trips away from the church premises. Furthermore, I, on behalf of my minor player, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said player, including expenses incurred attending thereto.

Parent or Guardian (PLEASE PRINT)	Signature	Date
A copy will be given to the player's coach.	Coach/team (to be completed by program)	