

**Zion Gospel Temple
Saturday Basketball Program
2008 Registration Form**

Paid _____

Please Print:

Player _____ Date of Birth _____
(Last) (First) (MI)

Address _____
(Street) (City) (State/Zip code)

Telephone # Home _____ Work _____ Cell _____

Consent and Release Form For Saturday Basketball Participation

I, the undersigned parent or legal guardian, hereby consent to my child, _____, who is _____ years of age, participating in the activities connected with the basketball program from June 21, 2008 to August 23, 2008, said activities to be held at Zion Gospel Temple located at 90 Leonard Avenue, East Providence, R.I. I hereby certify that my child is able to participate in these activities, including calisthenics, running, and basketball (unless otherwise listed below). If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone numbers listed above. If I cannot be reached within a reasonable period of time, I hereby authorize adult managing personnel to make emergency decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED DURING SAID BASKETBALL PROGRAM ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Zion Gospel Temple and their agents and employees harmless from any and all liability, actions, claims, expenses, and damages on account of injury to my child or property, even resulting in death, which I now have or which may arise in the future in connection with the basketball program or participation in any other associated activities.

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as it is permitted by the laws of the Commonwealth of Rhode Island and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between parties hereto, and the terms of this release are contractual and not a mere recital. I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding document which I have read and understand.

1. Medical conditions to be aware of _____

2. Physical Restrictions: _____

3. Instructions and medications: _____

4. I do **NOT** wish my child to participate in the following: _____

Signature of Parent/Guardian

Date