

Thrasher Church Children's Basketball

Welcome to Thrasher's Children's Basketball program. We look forward to a positive experience with you and your child.

NAME OF CHILD _____

PARENT/GUARDIAN _____

EMAIL ADDRESS _____

HOME ADDRESS _____

HOME PHONE _____ WORK PHONE _____

GRADE _____ AGE _____ DATE OF BIRTH _____

CHILD'S SCHOOL _____

DOES YOUR CHILD HAVE ANY SPECIAL MEDICAL CONDITIONS? IF YES PLEASE SPECIFY: _____

IS YOUR CHILD ALLERGIC TO ANY MEDICATIONS? IF YES PLEASE SPECIFY: _____

IN AN EMERGENCY PLEASE CONTACT:
NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

I as parent/guardian, grant permission for my son/daughter to participate in the above program and release Thrasher Memorial, or any other church facilities and the coach(es) from any liability for damages or injuries which might be incurred during the operation of this program. I assure that he/she has been examined by a physician prior to participation. In the event I cannot be reached I give permission for my child to receive emergency medical care. I verify that the above information is true and complete to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE _____

THERE WILL BE A \$35.00 ENTRY FEE PER CHILD.

1. Online payment - Go to Thrasher's home page and click online giving. The registration fee should be applied to Children's Ministry. Follow instructions for a one time donation.

2. Mail a check and registration form to Thrasher Church, 707 East Washington Ave., Vinton, VA Attention: Tina Yates

If you need at scholarship contact Tina Yates at 344-4708.

The registration fee must be paid before your child is assigned to a team roster.

SHIRT SIZE _____

_____ I WOULD BE INTERESED IN COACHING MY SON/DAUGHTER'S TEAM.