

How do I register?

You can register and pay online at centralnazarene.com/peaksports, drop off, or mail your registration form and fee to:

Flint Central Church of the Nazarene

1261 W Bristol Rd

Flint, MI 48507

Form and Registration Fee may be dropped off at the church anytime from 9:00am to 12:00pm and 1:00pm to 4:00pm Monday through Friday.

Registration Information:

\$65 BEFORE Nov. 18th

\$85 AFTER Nov. 18th

Basketball Shorts included at NO additional cost.

Schedule

Oct. 1 Registration Opens

Nov 18 Evaluations/Sizing

Dec 11 First Practice

Jan 6 First Game

Jan 27 Picture Day

Feb 24 Bye Week

Mar 3 Last Game

Mar 4 Awards Celebration

Mar 10 5 & 6 Tournament

Mar 10 Coaches vs Pastors

For More Information:

Peak Sports Director

Dan Montney

(810) 730-6387

dan.montney@gmail.com



2017-2018



Basketball and Cheerleading

PEAK
SPORTS



A ministry of Central Church of the Nazarene

Player Registration:

Please fill in your athlete's information.

We will be using email as the main form of communication. Please check your email accordingly.

First: _____ Last: _____

Email: _____

Street Address: _____ City: _____

State: _____ Zip/Postal Code: _____

Mobile Phone:(_____)_____-_____ Child's Age: _____ Gender: _____

I AM REGISTERING MY CHILD FOR (Circle): BASKETBALL CHEERLEADING

Parent/Guardian Name(s) _____

What grade is your athlete currently in? (Circle One) 1st 2nd 3rd 4th 5th 6th

Practice Nights (If applicable, circle one night your child CANNOT practice.):

Monday Tuesday Friday

Volunteer (If you would like to apply to be included as a volunteer in one of the following capacities, please circle all that apply.):

Head Coach Assistant Coach Referee Concession Scoreboard

Office Use Only: Paid _____ Amount _____ Payment Type _____

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT. NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above- named child, authorizes the participation of my child in the Peak Sports (herein being referred to as PS) athletic program (the "Program") of Central Church of the Nazarene. My child will participate in the PS sport denoted on this brochure. I understand that this Program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by the Church and its volunteers and staff, including parents of other participating children. I also understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Church and PS, and all of the Church's and PS's directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns I hereby authorize the Church and PS to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the Church and PS for the sole purpose of advancing PS programs.

PARTICIPATION AND SAFETY

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does have a physical, mental or other condition that may affect his/her ability to safely and appropriately participate in Program activities (or that may affect the ability of other children to participate safely), the Church may determine that my child cannot be permitted to participate. I understand and agree that, while the Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize the Church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any) . by checking agree below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. Checking agree also indicates that all legal guardians are aware and consensual with the participation of the above-named child.

Signature: _____

Name: _____ Date: _____