



Little Rock Christian Academy Elementary Basketball Program



Little Rock Christian Academy would like to invite your **4th, 5th, and/or 6th grade** child to participate in the Warrior Basketball program. This is a recreational program affiliated with the Private School League of Central Arkansas. This league provides your child the opportunity to develop their basketball skills and understanding of team play while developing character and sportsmanship on and off the court.

Please complete this registration for each child that you have participating in this league. Once completed, please return this form along with your check made payable to LRCA to your child's teacher or the Warrior Athletic Office (former Middle School building). The registration deadline is Friday, October 9th.

Unfortunately, we will not be able to accept any registration after this date. **The registration fee is \$75** which includes a uniform (reversible jersey and shorts).

The registration deadline is Friday, October 9th. If you have any questions please contact Chuck Winkelman at chuck.winkelman@littlerockchristian.com or call 975-3426

Player name _____ Grade _____

Uniform sizing :

Jersey: YM YL AS AM AL AXL

Shorts: YM YL AS AM AL AXL

I would like to help:

() Coach () Asst. coach

Name _____

Best contact number _____

Please Read Carefully — Release must be signed

Does this child have any disabilities, present injuries, hemophilia, limitations, or any other significant medical conditions? () yes () no
If yes, please state conditions (use back for details)

Doctor's Name: _____ Doctor's phone _____

Emergency Contact _____ Phone Number _____

Emergency Authorization: I, the undersigned, parent or legal guardian of the participant , a minor , hereby authorize the coaches, assistant coaches, or parents of the team acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of an emergency , I hereby authorize treatment and /or care at any hospital. If there is an emergency and I cannot be reached , please contact the above listed emergency contact

Authorized Signature _____

Waiver of Liability and Disclaimer: I , the parent or guardian of the above named participant , acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the program s of Little Rock Christian Elementary Basketball and the Private School League are primarily administered by parents, who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in it's programs, I hereby release, discharge, and hold harmless Little Rock Christian and the Private School league, it's employees, volunteers, and other representatives from claims arising out of or relating to any physical injury that may result to listed individual while participating in the Little Rock Christian Elementary basketball program.

Authorized Signature _____