

**UPPER LEVEL Basketball  
Player Information Sheet**

Please answer the questions below to better help us interact with your child during this league. This information is solely for training purposes for the player partners and to help us provide a better league for your player.

1. What is your child's diagnosis?
2. Does your child have any skill delays that may affect learning basketball skills?
3. What are important behavior interventions you want in place? What are the behaviors we need to be prepared for?
4. Please identify any assistive devices your child requires for sensory/physical needs while on the court.
5. What is your main goal for him/her this season?
6. What are your greatest concerns while he/she is playing on the court?
7. What other information will help the league staff better relate to your player?



**REGISTRATION FORM**

**A basketball league for  
Individuals with special-needs\*  
ages 8 & older**

*(\*For this league, special-needs is defined as a person who is in a self-contained class in the public school system **OR** receiving special services through adult development disabilities programs **OR** who requires adaptive devices to be mobile.)*



**“Whoever welcomes this little child in my name welcomes me; and whoever welcomes me welcomes the one who sent me. For he who is least among you all – he is the greatest.”**

**(Jesus Christ, in Luke 9:48)**

**First Baptist Church • 2350 Central Avenue  
• 501-624-3345 • [www.fbchsark.org](http://www.fbchsark.org)**



**Registration Instructions**

1. Complete both sides of the registration form.
2. Bring or mail your registration form and fee to the church (Mon-Fri; 8 am - 4:30 pm). (Your player is not registered until we have registration form and fees.)
3. Players must have a doctor's authorization to participate. You can use one from school if available or just have the doctor sign this form.

**Other information:**

- \$10 registration fee per player
- The season will run on 4 Thursdays: March 20, April 3, 10, & 17, 2014
- Practices and games will take place during the same hour each Thursday
- Teams will be created by abilities rather than age or gender.
- Teams are limited to 8 players per team.
- The league will conclude with an awards dinner on Thursday!

**Players** will experience success in demonstrating, to the best of their abilities, the basic fundamentals of basketball: dribbling, passing, and shooting! They will also experience the joy of being part of a team!

**Parents and other caregivers** will enjoy seeing their player participating in a team sport as well as the rewards of being part of a team!

**UPPER LEVEL staff will teach basic fundamentals** of basketball and individual skills. Regular activities include warm-ups and stretching, practice, team devotionals, and game.



**This completed form, doctor authorization, and registration fee are required for your child to participate in UPPER LEVEL Basketball.**

**Player Name: (last, first)**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City:** Hot Springs other \_\_\_\_\_ **Zip:** 71901 71913 other zip \_\_\_\_\_

**Gender:** Male Female **Age:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Tee-shirt size:** YS YM YL AS AM AL AX AXX

**First Baptist Church Activities Ministry UPPER LEVEL Basketball  
Medical Release Form/Likeness Waiver**

*I/We the parent(s) or guardian(s) of \_\_\_\_\_, a player for the UPPER LEVEL Basketball league, understand that I/we are required to be in attendance during his/her scheduled practice/game. I release First Baptist Church, their staff, their recreation leadership, and all other volunteers from any claim resulting from any injury or accident resulting from participation in this basketball league. I/We additionally authorize the release of the above referenced minor and his/her family for use of photos, portrait, newspaper photo or video in promotional material including but not limited to the FBC, Hot Springs website (www.fbchsark.org).*

Guardian Printed Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Guardian email: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

**Doctor Authorization:** I have determined the child referenced above can safely participate in the UPPER LEVEL Basketball league.

Doctor Name: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**Coaches' Use**

Passing _____	Receiving _____	Dribbling _____	Height _____
Lay up _____	Free throw _____	3 pointers _____	Total _____

