

## UPPER-LEVEL Basketball Player Information

Please answer the questions below to better help us interact with your child/adult 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 player's diagnosis?
2. What skill delays, if any, does your player have 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 player 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?

## 2024 Player Registration Form



***“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)***



**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.)*

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

02142024

## 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 doctor's authorization **OR** a current physical (as of May 31 last year) to participate. You can use one from school if available or have the doctor sign this form.

### Other information:

- The season will run for 6 weeks:
- Registration fee (postgame snacks, end-of-season awards and dinner, and jersey if necessary).
  - \$25 fee if player needs a red/white jersey
  - \$15 fee if they already have a jersey
- **Form must be returned before Friday, March 22 to guarantee a jersey by the first game.**
- Practice/games take place within the same hour.
- We will combine children and youth if necessary and play at 6:15 pm
- Teams are limited to 8 players per team.
- **NEW THIS YEAR: we will offer recreational and competitive divisions in the adult division if we have enough players for both divisions.**
- Divisions will conclude with an awards dinner on the last night of the season.

### Monday, April 15-May 20, 2024

- 6:15 pm: **Children's** division (8-14 years old)  
7:15 pm: **Youth** division (15-17 years old)

### Thursday, April 18-May 23, 2024

**Adults** (18 & older); practice/games at 6:15 or 7:15 pm

**Players** will experience success in demonstrating to the best of their abilities, the 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 fundamentals of basketball and individual skills. Regular activities include warm-ups and stretching, practice, and game.

***This completed form, current physical (as of May 31 last year) OR doctor authorization, and registration fee are required for your player to participate in UPPER-LEVEL Basketball.***



Player Name: (last, first) \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Jersey size: YM YL AS AM AL AX 2X 3X 4X

**Adult divisions:** Recreational is the default division; must circle competitive to play in that division



**RECREATIONAL:** less aggressive, slower pace; player requires some assistance

**COMPETITIVE:** player must be able to move at a faster pace; requires minimal assistance;  
(Player safety is primary concern; leadership will make final decision about player division if necessary.)

### FBC Fitness/Recreation 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 player 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.firsthotsprings.com](http://www.firsthotsprings.com)) and/or social media. Players will not be identified by name.

**ATTENTION:** I/We also understand any player who willfully causes harm to his/her own person or others will be at risk of no longer participating in UPPER-LEVEL as determined by the UPPER-LEVEL leadership after consultation with the player's parents/guardians/caregivers.

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

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

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

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

**Doctor Authorization (OR NAME OF THE DOCTOR WHO SIGNED THE CURRENT PHYSICAL)**

The child referenced above can safely participate in the UPPER-LEVEL Basketball league.

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

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