

**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?

**2019 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**

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:

- \$25 registration fee per player
- The season will run for 6 weeks:

Monday, April 8-May 13, 2019

6:15 pm: Children's division (8-14 years old)
7:15 pm: Youth division (15-19 years old)

Thursday, April 11-May 16, 2019

Adults (20 & older); games at 6:15 or 7:15 pm

- Children's/Youth practices and games will take place during the same hour each week at 6:15 &/or 7:15
- Adults will practice/play at 6:15 or 7:15 pm
- Teams will be created by age rather than abilities or gender.
- Teams are limited to 8 players per team.
- The league will conclude with an awards dinner on the last night of their season!

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, and game.

This completed form, CURRENT PHYSICAL as of May 31 last year) OR 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 _____

Gender: Male Female Age: _____ Date of birth: _____

Tee-shirt size: YS YM YL AS AM AL AX 2X 3X 4X

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) 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: _____