

HOW DO I SIGN UP?

Online: www.smyrnafirst.org

Mail or drop-off:

First Baptist Church Smyrna
1275 Church Street SE
Smyrna, GA 30080

The **Church Office** is open anytime between **8:30 AM** and **5:00 PM**, Monday through Friday.

LEAGUES

Girls Softball: K4-8th Grade

Boys T-ball: K4, K5, 1st Grade

REGISTRATION INFORMATION:

Softball

The early registration cost per child for softball is \$95. Softball shorts are included in the registration cost.

T-ball

The early registration cost per child for T-ball is \$95. Uniforms include hat, jersey, socks. Baseball pants are not included.

EVALUATIONS AND SIGN UPS

Everyone **must** attend one evaluation which will take place at the **First Baptist Smyrna Athletic Field (The Rock)** as follows:

Thursday, March 4th: 6:00-8:00 PM

Saturday, March 6th: 9:00 AM—2:00 PM

PRACTICE:

1st Week of Practice: Monday, March 15th

2nd Week of Practice: Monday, March 22nd

GAMES:

First Game—Saturday, March 27

Last Game—Saturday, May 15

AWARDS CEREMONY:

End of season—each player is recognized during an exciting and high-energy ceremony

FOR MORE INFORMATION:

Go to www.smyrnafirst.org or call 770-435-3231

2010 UPWARD SOFTBALL AND T-BALL REGISTRATION FORM

PLAYER INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Parents E-mail: _____

Sex: ___M ___F Grade: _____ Age: _____ DOB: ____/____/____

PLAYER EXPERIENCE AND SIZING INFO:

How many years has your child played organized softball or T-ball? _____

What position has your child played? _____

SIZING (Available during evaluations):

JERSEY (CIRCLE ONE): **YS** **YM** **YL** **YXL** **AM** **AL** **AXL** **A2XL**

SHORTS (CIRCLE ONE): **YS** **YM** **YL** **YXL** **AM** **AL** **AXL** **A2XL**

PRACTICE NIGHT EXCLUSION (CIRCLE ONE): **Monday** **Tuesday** **Thursday** **Friday**

PARENT/GUARDIAN INFORMATION:

Mother/Guardian: _____

Work Phone#: _____

I would like to assist by being a: Coach Team Parent

Father/Guardian: _____

Work Phone#: _____

I would like to assist by being a: Coach Team Parent

Emergency Contact: _____

Work Phone #: _____

Cell #: _____

Home #: _____

PAYMENT INFO:

TYPE: CASH CHECK/ CHECK # _____ **AMOUNT:** _____

SIGN BELOW TO INDICATE YOUR AGREEMENT

I, the parent or guardian of the above-named child, authorizes the participation of my child in the Upward Unlimited athletic program (the "Program") of the above-named Church. My child will participate in the Upward Softball program. Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY

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 that the Church is solely responsible for all aspects of the Program including selection and supervision of all persons conducting the program, and that Upward Unlimited is not responsible for the Program or selecting and supervising persons conducting the Program. I further 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 Upward Unlimited, and all of the Church's and Upward Unlimited'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 representative, beneficiaries, successors and assigns. I give permission for free use of my child's name and picture in broadcasts, telecasts or written accounts for any participation in an Upward Unlimited sponsored event. 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 or mental condition that may affect her ability to safely and appropriately participate in Program activities, 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.

RELEASE OF LIABILITY/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 authorized 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, 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). My signature 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. Each responsible parent/guardian should sign.

Mother/Guardian: _____

Work Phone: _____

Father/Guardian: _____

Work Phone: _____

If only one parent/guardian signs this form, the following must also be signed:

I affirm that this form was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order, or (2) I have made a good faith effort to obtain the signature from the other parent/guardian, but have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/guardian objects to the child's participation in the Program.

Signature: _____

Printed Name: _____

Date: _____

FIRST BAPTIST CHURCH OF SMYRNA



Softball and T-ball



Upward Sports is specifically designed for pre-kindergarten through eighth grade and promotes salvation, character, and self-esteem in every child.

Every Child is a Winner!



A Community Sharing the Abundant Life of Christ

1275 Church Street SE • Smyrna GA 30080