



# CHRISTIAN SPORTS PRODUCTIONS

## OFFICIAL MINOR'S REGISTRATION FORM

(1) To abide by the rules of Christian Sports Production, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with playing sports and in consideration for Christian Sports Production accepting the registrant for it's league and activities, I hereby release, discharge and/or otherwise indemnify Christian Sports Productions, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Leagues, against any claim by or on behalf of the registrant as a result of the registrant's participation in the league or activities or being transported to or from the same, which transportation I hereby authorize. (2) To authorize my child's school to verify the date of birth of my child from school records to Christian Sports Productions for the limited purpose of CSP player age verification. (3) To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. (4) to hereby give my consent to Christian Sports Productions to take photographs, video recordings, and sound recordings in documenting the activities of Christian Sports Productions leagues and activities. I grant Christian Sports Productions permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on fliers, and on the world wide web, or in any other publications. (5) My child is in good health and have no physical condition that would prevent me from participating in CSP events.

PLEASE PRINT \*A required field \*\*At least one is a required field.

<b>Basketball**</b> <input type="checkbox"/>	<b>Football**</b> <input type="checkbox"/>	<b>Volleyball**</b> <input type="checkbox"/>	<b>Tournament**</b> <input type="checkbox"/>
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**Team Name\***

### Parent/Admin Information

<b>First Name*</b> <input style="width: 95%;" type="text"/>	<b>MI</b> <input style="width: 20px;" type="text"/>	<b>Last Name*</b> <input style="width: 95%;" type="text"/>	<b>Relation*</b> <input style="width: 95%;" type="text"/>
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**Street Address\***

<b>City*</b> <input style="width: 95%;" type="text"/>	<b>State</b> <input style="width: 40px;" type="text"/>	<b>Zip*</b> <input style="width: 95%;" type="text"/>
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<b>Home Phone**</b> <input style="width: 95%;" type="text"/>	<b>Work Phone**</b> <input style="width: 95%;" type="text"/>	<b>Cell Phone**</b> <input style="width: 95%;" type="text"/>
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**Email\***

### Minor Player Information

<b>First Name*</b> <input style="width: 95%;" type="text"/>	<b>MI</b> <input style="width: 20px;" type="text"/>	<b>Last Name*</b> <input style="width: 95%;" type="text"/>	<b>DOB (MM/DD/YYYY)*</b> <input style="width: 95%;" type="text"/>
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**Address\***

<b>School Name</b>	<b>Grade</b>	<b>Address*</b>
<input style="width: 100%;" type="text"/>		

<b>Emergency Contact #1*</b> <input style="width: 95%;" type="text"/>	<b>Phone*</b> <input style="width: 95%;" type="text"/>
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<b>Emergency Contact #2</b> <input style="width: 95%;" type="text"/>	<b>Phone</b> <input style="width: 95%;" type="text"/>
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List any medical problem(s)/physical limitation(s) player has:

<b>Signature of Parent/Guardian</b> _____	<b>Date</b> _____
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