



**NEW JERUSALEM DREAM CENTER ATHLETICS
MINISTRY**

*Train up a child in the way he should go;
and when he is old, he will not depart from it. Proverbs 22:6*

ATHLETE APPLICATION

ATHLETE NAME: _____

DATE OF BIRTH (MM/DD/YYYY): _____ **AGE:** _____ **GRADE:** _____

GENDER: Male Female **SPORT:** Basketball : Cheerleading

PARENT(S)/GUARDIAN(S) NAME(S): _____

MARTIAL STATUS: Single Married

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

HOME PHONE: _____ **MOBILE PHONE:** _____

WORK PHONE _____ **EMAIL** _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

HAS YOUR CHILD EVER PLAYED BASKETBALL BEFORE? YES NO

WHERE? _____ **HOW MANY YEARS?** _____

ARE YOU A MEMBER OF NEW JERUSALEM DREAM CENTER? YES NO

REGISTRATION FEES

Basketball: \$150.00 per child (\$140 for the second child living in the same household).

Cheerleading: \$150.00 per child (\$140 for the second child living in the same household).

Parent/Guardian Signature _____ **Date** _____

Parents/Guardians are responsible for the transportation for athletes to and from basketball practices & games. For security purposes children will only be released to parents, guardians or emergency contacts listed on this registration form, unless otherwise specified on this form.

INSURANCE INFORMATION

Please INITIAL the following statement regarding insurance coverage for your son or daughter for New Jerusalem Dream Center Athletics Ministry, then sign below.

_____ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in New Jerusalem Dream Center Athletic Ministry activities.

Company providing insurance _____

Name of insured _____

Policy # _____

Parent or Guardian Printed Name

Parent or Guardian Signature

Date

New Jerusalem Dream Center Athletics Ministry is an equal opportunity non-profit organization and does not discriminate based upon race, color, sex, age, gender, religion, political affiliation, natural origin, or disability.

**NEW JERUSALEM DREAM CENTER ATHLETICS MINISTRY WAIVER
AND RELEASE FORM**

As the parent or legal guardian of _____ (player), I hereby give permission for _____ to participate in the New Jerusalem Dream Center Athletics Ministry of New Jerusalem Dream Center Church. I understand that New Jerusalem Dream Center Church of God and New Jerusalem Dream Center Athletics Ministry are non-profit charitable institutions, which are voluntarily presenting this ministry for my child, other participants and the community. I also understand that basketball is an active sport, which can involve physical contact with other members, the floor, field, or equipment, and that there is a resulting risk of physical injury, which may range in severity from minor to long term catastrophic, including permanent paralysis from the neck down or death.

I have explained these risks and the benefits of playing team sports to my child and my child is in proper physical condition to play basketball and has no existing injuries or conditions that could jeopardize his/her safety or health of the participants. I, therefore, release and discharge ALL liability for any harm or injury suffered directly or indirectly as a result of my child's participation in the New Jerusalem Dream Center Athletics Ministry, whether or not resulting from negligence, and I agree not to sue New Jerusalem Dream Center Church, its representatives (including New Jerusalem Dream Center Athletics Ministry), staff or volunteers or any such claim.

In the event of an emergency or accident involving my child _____, I hereby give permission for him or her to be transported to a medical facility by ambulance and for him or her to be seen and/or treated by medical or surgical authorities as deemed necessary, unless I am present and request otherwise.

Child's Name

Parent or Guardian's Printed Name

Parent or Guardian Signature

Date

MEDICAL HISTORY
(TO BE FILLED OUT BY PARENT/GUARDIAN)

Please answer the follow questions in regards to the athlete, explain any YES answers.

1. Have you ever been hospitalized? YES _____ NO _____

2. Do you have any chronic or ongoing illness? YES _____ NO _____

3. Do you have any or have you ever had of the following:

- Asthma
- Allergies
- Diabetes
- Heart condition
- Other

If you have checked any of the above conditions, please explain.

4. Have you ever had surgery or been advised to have surgery? YES _____ NO _____

5. Have you ever had chronic cough or recurrent bronchitis? YES _____ NO _____

6. Have you ever had a bone or joint disorder, fracture, broken bone, dislocation, trick joint or arthritis? YES _____ NO _____

7. Are you allergic to any medications? YES _____ NO _____

8. Are you taking any medication regularly? YES _____ NO _____

If YES, Name of Medicine _____
Medicine is taken for _____

9. Do you have any other known allergies? YES _____ NO _____

10. Tetanus immunization in last 5 years? YES _____ NO _____
MMR (Measles, Mumps, Rubella Vaccine) Booster (2nd immunization) YES _____ NO _____

ATHLETE NAME: _____

DATE OF BIRTH (MM/DD/YYYY): _____ AGE: _____ GRADE: _____

GENDER: Male Female SPORT: Basketball Cheerleading

PARENT(S)/GUARDIAN(S) NAME(S): _____

TO BE FILLED OUT BY PHYSICIAN

__ Cleared, unrestricted
__ Cleared with limitations

__ Not cleared, further evaluation needed

On the basis of the above information, together with the medical history furnished to me by the child's parent or guardian, I have found no indications of physical or medical reason which would make it inadvisable for the above name child to engage in supervised sporting activities, except as indicated above.

Physician's Printed Name

Physician's Signature

Physician's Address

Date

AUTHORIZATION

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis to determine that my child _____ may participate in New Jerusalem Dream Center Athletics Ministry activities. I also understand that this medical evaluation is only to determine fitness for participation and is not to take the place of any regular medical examinations.

Parent or Guardian Printed Name

Parent or Guardian Signature

Date

Authorization to Use Image

I hereby authorize New Jerusalem Dream Center Athletics Ministry, to film, photograph and/or record my son/daughter for advertisement, marketing, promotional, or any other purpose related to the ministry. I hereby consent and grant New Jerusalem Dream Center Athletics Ministry, its agents, servants, employees, volunteers permission to use my child's image, voice, and other likeness for use in any and all media related to the ministry, without receiving compensation for such use.

Athlete Name

Parent Signature

Proverbs 22:6

“Train up a child in the way he should go, And when he is old he will not depart from it”.

Athletic Ministry Director

Program Director

Athletic Financial Director

Administrator

Parent & Athlete Covenant

1. I will pray and *encourage* my child, his/her teammates, mentors, coaches, other parents, officials, and the league officials. 1 Timothy 2:1, Hebrews 3:13
2. I will *support* the coaches and officials working with my child by encouraging his/her respect for them. I understand that in the event my child is disrespectful to myself or the mentors, coaches and officials he/she will be suspended from at least one game (depending upon the severity of the infraction). I Peter 5:5; Hebrews 12:2
3. I will encourage my child's attendance of church services at least once a week; I understand that he/she should not be permitted, to loiter in the church building or on the grounds during church service. Hebrews 10:25
4. I will encourage my child in his/her *academic achievements*; in the event he/she fails to satisfactorily I will inform the coaches and voluntarily suspend him/her for at least one game. In the event of a school mandated suspension, my child will not be permitted to participate in games, but must attend all games, practices and team meetings. Proverbs 3:12, 29:17.
5. I will encourage my child to *speak respectfully* to and about his/her teammates, mentors, coaches, fans officials, and opposing team. In the event he/she does not or receives a technical foul for unchristian-like behavior (profanity, fighting or arguing), it will result in automatic suspension from at least one game. A second offense will result in his/hers suspension for the remainder of the season. Ephesians 3:29; Philippians 3: 14-15
6. I will *dress* my child modestly and appropriately in order to glorify the Lord, (males should not wear braids, earrings, or loosely fitting clothing) I Thessalonians 5:22, Colossians 3:17
7. I will support my child's involvement by modeling Christ-like behavior and attitudes, providing transportation to team meeting's practices, games, and snacks. In the event a player is absent for one game or practice, he/she will be benched the following game, unless the absence is due to injury. Players are required to *arrive 30 minutes* prior to game time; tardy players will be benched for unexcused tardiness. Proverbs 22:6
8. I will encourage my child to learn spiritual truths from the game and develop Christ-like character, including the following traits:
 - Willingness to sacrifice for a long-range goal
 - Consideration for others
 - Ability to accept criticism and profit by it
 - Determination, persistence, self-discipline
 - Obedience to rules and to directions from one in charge (Galatians 6:7-9)
9. I will provide an *environment, which is free of drugs, tobacco, and alcohol* and will refrain from their use at all youth sports events. Romans 13:14
10. I will *limit my child's other extracurricular involvements*, in order to not interfere with his commitment or performance with the team. I Corinthians 14:40: Psalms 90:12

Parent Signature

Date

Participant's Name