



Garner United Methodist Church

Post Office Box 2179
Garner, North Carolina 27529
Phone (919) 772-2042

Dear Parents,

We are excited about another year of Basketball at GUMC. Sign-ups to play in this 2018-2019 League are from now through October 14. The cost is \$40.00 per player and the money is due when your youth signs up! You may either write a check made out to GUMC or pay through our church app by clicking on give - press other. Make sure you put Youth Basketball in the memo line on your check or when the app prompts you.

Typically, Middle School Games are played on Friday nights (if fewer MS Teams, games will be on Saturday mornings) and Senior High Games on Saturday. We ask for your patience as sometimes the schedule must be adjusted because of inclement weather or last-minute changes in the church calendar such as a funeral or emergency meeting. We are not only dealing with GUMC schedule but with other church teams in the league as well.

As in the past, devotions will be a part of the team practices which begin in early November. The practice and game schedule calendar will be sent out later. Along with practice, it is also expected that youth will participate in the ministries at GUMC. This means attending worship, Youth Bible Studies and Sunday Evening Fellowship. We will use youth activity sheets to track their attendance. Youth Activity Sheets will be available in the Youth Room, so players can fill them out when they are here. Keely or Pastor Greg will then sign off and make them available to the Coaches before the first game of the month. **ACTIVITY SHEETS WILL NOT BE ACCEPTED ON THE DAY OF THE GAME.** If Activity Sheets are incomplete the player will not be eligible to play that week or any other week until the activities are completed. Grace abounds, of course, due to illness or other situations approved by Keely or Greg. Non-Garner Youth players who are invited to play by a Garner Youth and attend another church (that is not playing in the league) will be asked to attend at least 4 church activities a month, with 3 of those being at Garner UMC. Their pastor/youth leader may sign off on their sheet for any activities they attend outside of Garner UMC.

The activity rule is in place to help build community and spiritual growth among the students playing together! Our church feels very strongly that we have more to offer than just basketball, and we are asking parents and youth to help us share the love of Christ through this recreational ministry.

If you have any questions or concerns you may contact either Pastor Greg, Pastor Susan or me. We hope to have more information forth coming on the Concession Stand but if this is an area you feel you can assist us with please let me know.

Blessings,

Keely DeBoever
Program Director

2018-2019 Youth Basketball Liability Release and Parental Consent/

Permission Release of All Claims

In consideration for being allowed to participate in the 2018-2019 Youth Basketball League we (I) being 21 years of age or older, do for ourselves (myself)(and for and on behalf of my youth participant if said youth is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Garner United Methodist Church, the Directors, Trustees, Professional Staff and Sponsors thereof, from any and all liability, claims or demand for personal injury, sickness, or death as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the youth participant that occur while said youth is participating in league activities. Furthermore, we (I) (and on behalf of our (my) youth participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in league activities.

We (I) are (am) the Parent(s) or legal guardian(s) of this participant hereby grant our (my) permission to take said participant to any licensed physician or licensed dentist, who is on the medical staff of a licensed hospital or clinic, where such care or treatment is rendered at the office of said physician or at said hospital. We (I) do hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, x-ray, anesthetic, dental treatment and understand that we (I) are responsible for all medical bills, if any.

We (I) understand that as a participant, my youth and/or I may be photographed or videotaped and these photos/videos may be used in promotional material and reports.

Participants Full Name; First-Middle-Last

Birth Date

Street Address

City

State

Zip

Father's Name (or legal guardian) Home Phone

Cell/Work Phone

Mother's Name (or legal guardian) Home Phone

Cell/Work Phone

Hospital Insurance: _____ Policy # _____

(A copy of your insurance card must be attached)

Personal Physician Name _____ Phone _____

Emergency Phone Numbers _____

COMPLETE MEDICAL INFORMATION ON REVERSE SIDE

MEDICAL INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION

Participants Name: _____ Date Completed ____/____/____

Personal Physicians Name: _____ Physicians Phone: _____

Does the participant have any known allergies (including food allergies): Yes (list below) None Known

Food: _____

Penicillin or Other Drugs: _____

Insect stings/bites _____

Plants/other allergies _____

Other _____

Does the participant have any known medical problems: Yes (list below) None Known

Is there any reason this participant should not participate in recreational/sports activities?

Yes (list below) No

Has participant received all Immunizations as required by North Carolina State Law: Yes No

_____ Polio Booster _____ Measles _____ Mumps _____ Tetanus (Exact Date of last Tetanus __/__/__)

If answered no, please explain why not: _____

Childhood Diseases: ___ Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other

Does participant currently take any prescribed medication: Yes (list below with schedule) No

BASKETBALL LEAGUE RELEASE FORM

I HEARBY RELEASE GARNER UNITED METHODIST CHURCH, ITS DIRECTORS, TRUSTEES, PROFESSIONAL STAFF AND SPONSORS THEREFORE, FROM ANY RESPONSIBILITY FOR ACCIDENTAL INJURY TO MY SON OR DAUGHTER WHILE PARTICIPATING IN THE GARNER UMC BASKETBALL LEAGUE.

GARNER UNITED METHODIST CHURCH BASKETBALL LEAGUE WILL PROVIDE TO THE BEST OF THEIR ABILITY A SAFE ENVIRONMENT TO TRY TO PREVENT ANY ACCIDENTS.

SIGNED: (Parent or Guardian)_____Date:_____

CHURCH:_____

PLAYER INFORMATION (Please Print)

PLAYER'S NAME _____

DATE OF BIRTH _____

COACH'S SECTION

I verify that this youth has passed basic requirements to participate in the Garner United Methodist Basketball League.

Coach's Signature _____

If this youth is a member of a Middle School or High School Basketball Team it is advisable to get the coach's written permission to participate in another basketball league.