



Christian Center Basketball 2026-2027

LEAGUES

- ☐ **Beginner** * 5 Year Olds (only) 8 ft. rims
☐ **Rookie** 1st & 2nd grade 8 ft. rims
☐ **I.B.L.** 3rd & 4th grade
☐ **A.B.L.** 5th & 6th grade
☐ **J.B.L.** 7th & 8th grade
☐ **C.C.B.A.** 9th-12th grade**

*Beginners: A player must turn age 5 by March 1, 2027.

**C.C.B.A. (High School): A player cannot exceed the age of 18 before March 1, 2027 and must still be in High School.

Cost: **UNTIL** September 30

First sibling pays \$85 ☐
Second sibling pays \$80 ☐
Third sibling pays \$75 ☐

Cost: **AFTER** September 30

First sibling pays \$95 ☐
Second sibling pays \$90 ☐
Third sibling pays \$85 ☐

OFFICE USE ONLY

Amount Pd. _____
Gid. _____
Sch. _____
Fundr. _____
Payment Type _____

**If a player withdraws from the league, a \$10 cancellation fee will be deducted from your refund.*

A player may be placed in a more advanced league based on an evaluation.

SKILL LEVEL (Circle One)

1 2 3 4 5
Outstanding Skilled Average Below Average Not Athletic

Please circle your participant's shirt size:

YS YM YL AS AM AL AXL AXXL AXXXL

Each participant must have a separate form. Please print neatly.

PLAYER'S NAME : _____ CIRCLE ONE: MALE / FEMALE

BIRTHDATE: ____/____/____ GRADE: _____ HEIGHT: ____ FT. ____ IN. PHONE: _____

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C.C.B.A. (High School): A player cannot exceed the age of 18 before March 1, 2027 and must still be in High School.

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ ALTERNATIVE EMAIL: _____

FATHER'S NAME: _____ PHONE: _____

Circle preferred contact!

MOTHER'S NAME: _____ PHONE: _____

Circle preferred contact!

ADDRESS IF DIFFERENT FROM PARTICIPANT: _____

PLACE OF EMPLOYMENT FATHER: _____ MOTHER: _____

EMERGENCY CONTACT & PHONE: _____

Separate from Parent!

SCHOOL ATTENDING: _____ CHURCH ATTENDING: _____

CONDITION OF YOUR CHILD'S HEALTH?

(medical condition the coach should be aware of or allergy?) _____

IS YOUR CHILD ON ANY SPECIAL MEDICATION? CIRCLE ONE: YES NO

IF SO, WHAT? _____ FOR WHAT? _____

Did your child play Christian Center Basketball last year? Circle One: YES NO

If yes, what team? _____ What league? _____

Name of Sibling in the same League: _____ (Siblings in the same league will be placed on the same team)

TEAMMATE REQUEST (ONLY one request permitted) _____

~ This friend must also request your child on their form.

~ Requests will be considered by the Athletic Director in the best interests of the league.

~ Teammate requests are **NOT** guaranteed.

→ Please read & sign the back of this form.

Attention! Teammate Requests

- A parent may request **1 friend** to play on their son or daughter's team. That friend must also request your child on their form.
- Friend requests are NOT guaranteed.
- Any effort to place **several friends** on a team will **not be honored** and may lead to **none** of the friends being on the same team.
- If your child remains in the same league, he/she is **not guaranteed** to be on the same team as they were last season.
- If you need to have your child on a team with a friend for transportation needs, make sure to write down that friend as your **1 allowed request**.
- Brothers and sisters in the same league will be placed on the same team. Make sure to write on the top of the registration form that brothers/sisters are in the same league.

Fundraising

The Christian Center Athletic Department conducts a fundraising event for each sport. These fundraisers help keep the registration fees down and defer the costs of running our ministry programs. Although it is not a requirement that your child (children) participate, your help is greatly appreciated. The Christian Center also accepts donations in lieu of the fundraising and we also offer the Gideon Program, which is a monthly partnership with The Christian Center that will allow your children to play all sports for free. Call the office (309)685-4218 ext. 102 for more details. The Christian Center Athletic Department would like to take this time to thank our players and their families for supporting us and helping our programs grow.

The Christian Center Sports Program Release, Waiver of Liability and Indemnity Agreement

The undersigned hereby enters The Christian Center Ball "Program", and desires to participate in practices, games and related activities carried on by said Program. The undersigned recognizes and acknowledges that there are certain risks of physical injury present, but in consideration hereof hereby agree to assume the full risk of any such injury, including but not limited to the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage in consideration for the opportunity to participate in The Christian Center Ball Program, and participation in any and all activities connected with or associated with the Program. In further consideration hereof, the undersigned, their heirs, executors, administrators, successors and assigns, hereby release, waive, discharge and covenant not to sue The Christian Center, Inc., its officers, directors, committee members, successors, attorneys, agents and employees (hereinafter referred to as "releases") from any and all liability to the undersigned, their heirs, executors, administrators, and assigns, for loss or damage of whatsoever kind or nature on account of or arising out of an injury to the person or property or resulting in death as stated above, whether caused by the negligence or wrongful conduct of the releases named herein or otherwise, while participating in or in attendance at any ball game, practice, training session, fundraising event or award trip, on Christian Center property or elsewhere, including but not limited to any such injury, property damage or death incurred while travelling to and from any such event. In further consideration hereof, the undersigned, their heirs, executors, administrators, successors and assigns, hereby agree to indemnify and hold harmless the releases named herein from any and all loss, liability, damage or expenses, including attorney fees and costs, that they may incur due to any such injury to the person or property or resulting in death, as stated above, whether caused by negligence or wrongful conduct of the releases named herein or otherwise. In case of accident or illness, the undersigned hereby authorizes THE CHRISTIAN CENTER to approve emergency medical treatment provided by qualified medical personnel. The undersigned has read and fully understands the above Release, Waiver of Liability and Indemnity Agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I give my permission for _____ to participate in The Christian Center's Athletic Program, and consent to the use of photographs of my minor/child. In Christian Center brochures, social media, advertisements, etc. *(No names will be used without permission of a parent or guardian.)*

Signature (Parent / Guardian if participant is a minor)

Date: _____