

# PLAY WITH PURPOSE



Featuring Four Age-Appropriate Levels!

**UPWARD**  
SPORTS  
upward.org

UPWARD BASKETBALL LEAGUE FOCUSES ON

## CHARACTER DEVELOPMENT DRILLS & GAMEPLAY SKILLS TRAINING

### Four Levels of Basketball Discovery

Upward Basketball provides an experience that grows with young athletes over time by using a four-level, age-appropriate format. Each level is tailored to meet athletes where they are on their athletic journey, allowing them to reach their full potential, on and off the court.

LEVEL OF SKILL

#### LEVEL 1

Introduces the game and basic skills.

#### LEVEL 2

Develops basic skills while learning game rules.

#### LEVEL 3

Refines skills & learn team concepts while preparing for the next level of competition.

#### LEVEL 4

Implements middle school rules while competing at a high level.



Experience the impact of the 360 Progression, a unique sports experience that develops young athletes mentally, athletically, spiritually, and socially.



#PLAYWITHPURPOSE

SIGN UP NOW! **UPWARD.ORG**



# HOW DO I SIGN UP?

REGISTER ONLINE, MAIL OR BRING INFORMATION TO:

## Crossroads Christian Church

110 Springdale Avenue  
Wintersville, OH 43953-4154

Register Online at <http://registration.upward.org/UPW66693>  
Form and registration fee may be dropped off at the church office  
between 9:00 a.m. and 2:00 p.m., Monday through Friday.

Upward Sports is not affiliated with any school district.

## REGISTRATION INFORMATION:

The registration cost per child for **basketball** is **\$65**.  
The registration cost per child for **cheerleading** is **\$65**.

Basketball shorts are **optional** at a cost of **\$15**.  
Cheerleading mock turtlenecks are **optional** at a cost of **\$15**.

## EVALUATIONS AND ORIENTATIONS:

Everyone **must** attend either **one** of the basketball evaluations or  
cheer-leading orientations at **Crossroads Church** at above address.

### K4 through 9th Grade Boys and Girls

**Thursday, November 15, between 6:00 p.m. and 8:00 p.m.**  
or  
**Saturday, November 17, between 9:00 a.m. and 12:00 p.m.**

## PROGRAM SCHEDULE:

First Practice - **Monday, December 3, 2018**  
First Game - **Saturday, January 5, 2019**  
Awards Celebration - **Saturday, March 2, 2019**

## FOR MORE INFORMATION:

Email or Text Shawn Price at [sprice58@comcast.net](mailto:sprice58@comcast.net),  
**740-632-0676**  
or  
Call the church at **740-264-9679**



# 18/19

## UPWARD BASKETBALL AND CHEERLEADING REGISTRATION FORM

**PARTICIPANT CONTACT INFO:** I AM REGISTERING MY CHILD FOR:  BASKETBALL  CHEERLEADING

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Would you be willing to coach your child's team?  
 Yes  No

Gender \_\_\_\_\_ Grade (18-19 school year) \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year  
If yes, please print your name: \_\_\_\_\_

Address \_\_\_\_\_  
Carpool Link (only same age/grade and gender)  
\_\_\_\_\_  
(other player must also list your child as their carpool link)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Parent's Cell ( ) \_\_\_\_\_

Church (if you regularly attend church, which one?) \_\_\_\_\_ How many years has your child  
played organized Basketball? \_\_\_\_\_

Participant Information Notes (if any) \_\_\_\_\_

If applicable, circle **ONE** night your child **CANNOT** practice. **MON TUE FRI**

## PARENT/GUARDIAN INFORMATION:

**Father/Guardian** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Email \_\_\_\_\_

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

**Mother/Guardian** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Email \_\_\_\_\_

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

**Emergency Contact** \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

### SIZING: (COMPLETED AT EVALUATIONS/ORIENTATIONS)

Basketball Jersey/Cheer Top Size (circle one):  
**YXS YS YM YL YXL/AS AM AL AXL A2X**

Basketball Shorts Size (optional circle one):  
**YXS YS YM YL YXL/AS AM AL AXL A2X**

Cheer Skort Size (circle one):  
**YXS YS YM YL YXL/AS AM AL AXL A2X**

Cheer Mock Turtleneck Size (optional circle one):  
**YXS YS YM YL YXL/AS AM AL AXL A2X**

### EVALUATIONS: (COACHES USE ONLY)

**Lane Shooting** \_\_\_\_\_ **Right-Side Shot** \_\_\_\_\_

**Left-Side Shot** \_\_\_\_\_ **Defensive Slide** \_\_\_\_\_

**Right Hand Dribble** \_\_\_\_\_ **Left Hand Dribble** \_\_\_\_\_

Height - in inches \_\_\_\_\_

**PAYMENT:** Participant Fee : \$ \_\_\_\_\_ + Shorts / Mock Turtlenecks : \$ \_\_\_\_\_ = Total : \$ \_\_\_\_\_

OFFICE USE ONLY				
DATE	PAYMENT TYPE	AMOUNT	NOTE	

For a larger print version of these terms and conditions please visit  
[www.upward.org/largerfont](http://www.upward.org/largerfont)

**PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.**  
**NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.**  
Please review and complete the sections below and sign in the space provided to indicate your  
agreement with all statements made in such sections.

### AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorizes the participation of my child in the  
Upward Unlimited (herein being referred to as UU) athletic program (the "Program") of the above-  
named Church. My child will participate in the UU sport denoted on this form. 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 UU 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 UU, and all of the Church's and UU'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 representatives, beneficiaries,  
successors and assigns. I hereby authorize the Church and UU to use, reproduce, distribute,  
display, and to license others to use, reproduce, distribute, and display, my child's image, and  
photograph, as well as any video, digital, or audio recording or reproduction, in connection with  
external and internal communications of the Church and UU for the sole purpose of advancing UU  
programs. I acknowledge and consent that registration will allow UU to obtain access to  
personal information regarding me and my child participant. I agree that UU may use such  
personal information in a manner consistent with UU's Terms of Use and Privacy Policy as  
amended from time to time. I further understand that the current version of UU's Terms of Use  
([upward.org/app/terms-of-use](http://upward.org/app/terms-of-use)) and Privacy Policy ([upward.org/app/privacy-policy](http://upward.org/app/privacy-policy)). I further  
acknowledge and consent that use of such personal information may involve communication by  
UU directly to the parent/guardian home and email addresses.

### PARTICIPATION AND SAFETY

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, mental or other condition that may affect his/her ability to safely and  
appropriately participate in Program activities (or that may affect the ability of other children to  
participate safely), 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.

### 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 authorize 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, including tests and radiological exams, and surgery,  
and hospital 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. My  
signature also indicates that all legal guardians are aware and consensual with the  
participation of the above-named child.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

