

Men's Adult Basketball

Church League Format



- 8- Games Scheduled. Mon. (30+) or Thur. (16+) nights.
- Certified Referees for All Games
- Games Begin June 6, 2011
- Teams consist of a maximum 9 players; 2 “outreach” players per team
- Rosters confirmed with Darrell Harrison of Hillcrest Baptist Church
- Cost: \$55.00 per player - Includes Jersey w/ Number
- All games played at the Hillcrest Baptist Church Recreation Center
- **Deadline for Registration: May 16, 2011**
- I will play in the: 16 and Open League _____ 30 and Over League _____
(Please check a League)

OLIVE BAPTIST CHURCH RECREATION MINISTRY MEDICAL & LIABILITY RELEASE FORM

Olive Baptist Church shall not be responsible for any personal injury or property damage to the undersigned individual. By participating in the basketball league you assume all risk associated with any injury or damage that may occur. There are certain aspects to basketball which could lead to injury. Batted/thrown balls present a danger to the fingers, wrists, and other body parts that may be struck. Running down the court, performing cuts and jumping for rebounds can injure ankles, knees and muscles. Collisions with other players may also lead to injury. Be aware of the possibility of these and other injuries, including the possibility of death.

Please supply the insurance information below, or signify that you are without insurance. In the event there is a claim of any type made or filed against Olive Baptist Church related to you or actions by you, you agree to hold harmless and indemnify Olive Baptist Church from any claim of any type for damages and attendant costs or attorney's fees. That you sign below signifies that you assume the obligation and are permitted to participate.

Last Name _____ First Name _____ MI _____
 Address _____ City _____ Zip _____
 Phone _____ Cell Phone () _____
T-Shirt Size: (Circle) MALE: AS AM AL AXL AXXL AXXXL AGE: _____ DOB: __/__/__
Email (important to communicate recreation info) _____
Emergency Contact & Phone # _____
 Insurance Carrier & Policy Number _____ Are you an Olive Member? _____
 Signature _____ Date _____

Please mail to or drop off at:
 Olive Baptist-ROC
 Team Sports Coordinator
 1836 E Olive Rd
 Pensacola, FL 32514
 www.olivebaptist.org/recreation



For more information
 call the ROC @ 475-1167
 Mon - Fri 8AM - 5PM

Date Fee Rec'd _____ Payment Type _____
 Amount \$ _____ Initialed _____