



Somerville Methodist Church

2024 Basketball Registration Form



Complete one Form Per Child
Registration Oct 20 – Nov 24, 2024
Contact Kris Bliss @ 901-458-2926

Please circle one: Male Female T-shirt size: Youth SM L XL Adult SM Med L XL 2XL

Child's Name _____ Age: _____ (as of 1/1/2025)

Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian's Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address _____ Current Grade: _____

IN CASE OF EMERGENCY:

Contact #1

Contact #2

Name: _____

Name: _____

Address: _____

Address: _____

Phone #1 _____ Phone #2 _____ Phone #1 _____ Phone #2 _____

Child's Allergies: (list in order of severity) _____

Comments/Special Requests: _____

Name of other individual(s) who may pick up your child: _____

Photography Release Form

Somerville Methodist Church basketball has my permission to use my child's photograph publicly in basketball material. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Legal Guardian Signature _____ Date: _____

For Office Use Only

Amount Paid _____ () Cash () Check # _____ Receipt \$ _____ Received by _____ Date: _____