



# TABC 2025 CRUSADERS BASKETBALL LEAGUE

This league is a modified recreation type basketball program for grades K5 – 6<sup>th</sup> grade. This is for boys and girls **NOT** playing on any other organized league basketball. Its purpose is to teach the skills and drills of basketball, as well as team work, character, and self-esteem through healthy competition, all in a Christian environment.

All practices and games will be on Saturdays, running from **January 11<sup>th</sup> - February 15<sup>th</sup>, 2025** (February 22<sup>nd</sup> make-up games if needed). Teams will split their time between a short skills & drills session and then a game. Players must attend practices in order to play. A tentative Saturday schedule may be as follows, however, we reserve the right to change this schedule as needed based upon number of participants / teams.

## TENTATIVE SCHEDULE - THIS SCHEDULE MAY CHANGE



Teams	K-5	1 <sup>st</sup> -2 <sup>nd</sup>	3 <sup>rd</sup> -6 <sup>th</sup>
Practice	8:15-8:30 am	9:30-9:50 am	10:45-11:05 am
Announce Players/Pray	8:30 am	9:50 am	11:05 am
Game	8:40 am	9:55 am	11:10 am



**\*\*\*\* PLEASE NOTE: Teams will be divided on January 11<sup>th</sup> after skills drills evaluation. \*\*\*\***

**Cost: \$40.00 per child Registration fee (includes reversible jersey)**

**\*\*\*\*Teams will be limited this year. Once teams are filled, there will be a waiting list.\*\*\*\***

Completed registration form and payment must be turned in to the church office at  
**Tennessee Ave Baptist Church, 104 Cypress St., Bristol, TN 37620.**  
 Please make checks payable to TABC.

**REGISTRATION DEADLINE IS THURSDAY, DECEMBER 19, 2024.**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE CHURCH OFFICE AT 989-4325.**

CLIP & RETURN



Please complete and return registration form below with your payment by **Thursday, December 19, 2024.**

## TABC 2025 CRUSADERS BASKETBALL LEAGUE REGISTRATION FORM

CHILD'S NAME:		DOB:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	
SCHOOL:		GRADE:		
ADDRESS:	Street	City	State	Zip
PARENT'S NAME:		<b>JERSEY SIZE: PLEASE MARK SIZE BELOW</b> Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		
PHONE:	Home	Cell	EMAIL ADDRESS:	
EMERGENCY CONTACT:		PHONE #:	TOTAL PAID:	
PARENT/LEGAL GUARDIAN SIGNATURE:				
VOLUNTEER COACH:		PHONE #:		





Home of: Tennessee Avenue Early Education Center  
And Tennessee Avenue Christian Academy

104 Cypress Street  
Bristol, Tennessee 37620  
423-989-4325

December 2, 2024

Dear Parents,

We are looking forward to another great TABC basketball league this year for Kindergarten through 6<sup>th</sup> grade. Our basketball league went very well last year with having both the short practices and games on Saturdays. Due to busy schedules and the unavailability of the use of our gym during the week, Saturdays seem to work best. This alleviates an added weekly practice.

The cost per child will be \$40 this year. Registration forms and payment are due by Thursday, December 19, 2024. We will be limiting the number of teams. If an age group is full, we will start a waiting list.

We will need help in many areas for the basketball season to be successful. This includes volunteers to coach. If you are interested in coaching, please mark the bottom of the registration form on the front. Christ-like behavior is emphasized for all participants, parents, grandparents and fans. Thank you for allowing your child to participate in our basketball program. We look forward to building knowledge of basketball and skills with each child as well as teaching teamwork and building self-esteem in a Christian atmosphere.

Thank you,

Michele Steadman

#### AUTHORIZATION AND RELEASE OF LIABILITY

For and in consideration of permitting my child (named in the registration form on reverse) to observe, or use any facility or equipment of Tennessee Avenue Baptist Church, or engage in and/or receive instruction in any activity or activity incidental thereto SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY at: TENNESSEE AVENUE BAPTIST CHURCH in the city of Bristol, County of Sullivan, and State of Tennessee, as the undersigned parent and/or guardian of my child: hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to my child as a result of his/her observing or using facilities or equipment of Tennessee Avenue Baptist Church, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue. As the undersigned parent or guardian of my child for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Tennessee Avenue Baptist Church or its officers, agents, servants, or employees, the undersigned parent or guardian will indemnify and hold harmless Tennessee Avenue Baptist Church and its officers, agents, servants, or employees from any and all claims or causes of action by my child or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of my child present any claim against Tennessee Avenue Baptist Church and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by Tennessee Avenue Baptist Church and said persons.

The undersigned parent or guardian represents that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

#### PARTICIPATION AND SAFETY

I understand that participation in this basketball 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 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, 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. My signature also indicates that all legal guardians are aware and consensual with the participation of my child.

DATED: \_\_\_\_\_ NAME OF CHILD: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN FOR CHILD NAMED IN REGISTRATION FORM: \_\_\_\_\_