



Name _____
Address _____
Home Phone _____
Work Phone _____
Cell Phone _____
* e-mail _____

Date of Birth (mm/dd/yyyy) _____ / _____ / _____
Age _____ Gender (circle) Male Female
Church affiliation (check one)
_____ I am a FBCJ Member
_____ I regularly attend FBCJ
_____ I attend another church which is _____
_____ I do not attend church anywhere

Sports League (circle) Men's Co-ed
Skill level (1 = experienced - 5 = beginner) _____
Sport (check one)
_____ Basketball A League
_____ Basketball B League
_____ Basketball Slow Break
_____ Flag Football _____ Golf
_____ Women's Basketball
_____ Volleyball (Competitive)
_____ Volleyball (Recreation)
_____ Fishing Tournament

Do you already have a team to play with or are you a free agent (person needing to be placed on a team)?
_____ I have a team; the captain is: _____
Our league is led by team captains who are FBCJ members. Those interested must fill out a CLC Application Form, available online on the page of the sport you are registering for, and be cleared by the CLC staff to captain a team.

_____ I am a free agent
While the majority of the players in the league are invited by a team captain, we are committed to helping unconnected people get on teams. As a free agent, we can not guarantee you a spot in the league until all of our team captain positions are filled. If you are a member of FBCJ and would be willing to captain a team, please apply by filling out a Activities Volunteer Application Form available online on the page of the sport you are registering for.

If possible, I would like to play on the same team with:

Is this your first time to participate in Activities at FBCJ? (circle) Yes No

*Shirt/ Jersey Size (circle) S M L XL XXL

MANDATORY LIABILITY RELEASE AND REFUND POLICY

I hereby release First Baptist Jackson, its staff and agents from any and all liabilities related to or arising out of all injuries and all accidents related to or arising out of my participation in sport outreach activities at First Baptist Jackson. I also understand that no refunds will be issued unless a written request is issued and accompanied by a doctor's note stating my inability to participate or an administrative error is made on the part of the CLC staff or its agents.

Check this box if you DO NOT want to grant First Baptist Jackson permission to photograph and/or video tape you or your child for use in print and/or electronic publications.

Signature parent's signature is required for children under 18 years of age
Date _____

* **The registration fee must accompany this form.** To determine the fee, visit www.fbcj.org/sports or call the CLC at 601.949.1946. Make checks payable to "First Baptist Jackson." Credit card or direct withdrawal payments may be made when registering online. You may **mail this completed form and registration fee** to: First Baptist Jackson, CLC, PO Box 250, Jackson, MS 39205

Or drop off this completed form and registration fee at the Christian Life Center.

For more information, visit www.fbcj.org or call the CLC Ministry at 601.949.1946

* **Please complete the (*) areas also to ensure prompt processing of this form.**



Connecting *People*
Transforming *Lives*
FIRST BAPTIST JACKSON

601.949.1946 www.fbcj.org

For office Use only
Date of payment _____ check # _____
Cash _____
Accepted by _____ Payment Amt. _____