



BINGHAMPTON COMMUNITY LIFE CENTER

3079 Crystal Avenue
Memphis, Tennessee 38112

Phone: 901-458-9496

Fax: 901-323-9302

Legacy of S.T.A.R.S. Registration Form

(Please print) Complete registration form and return it to the Program Coordinator

Date _____

Participant Name _____ Birth Date _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Church _____

Emergency Contact Name _____ Emergency Phone _____

E-mail Address _____

Please list activities you enjoy: _____

Principles

Binghampton Community Life Center (BCLC) is owned by Greater Pleasant Hill Missionary Baptist Church. BCLC is designated by the Internal Revenue Service as a 501 (c) 3 nonprofit organization in compliance with all federal rules and regulations. All programs are approved by the BCLC Board of Directors. Activities are designed to enhance the physical, mental, spiritual, and emotional well being of those served. We promote teamwork, fellowship, and cultural/social interaction in a safe environment. We promote positive reinforcement and not negative criticism of others. All participants deserve respect, encouragement, support and appreciation from each other. No foul language or inappropriate behavior is tolerated. Program coordinators have the full authority to ensure that guidelines are followed at all times. The experience for all participants will be uplifting, courteous and respectful. Affiliation with a religious organization is **not** required. **BCLC prohibits discrimination of any kind.**

Participant Agreement

I agree with the BCLC Principles. If I violate any of these principles in the sole determination of BCLC, staff may take any action it deems as appropriate including but not limited to prohibiting any member from participating in the activity. I understand that participation in any activity is based on my judgment considering the limitations of my health or physical condition. I assume all risks and hazards incidental to such participation, including transportation to and from activities. I hereby authorize the coordination, clinic staff or coaches to act for me according to their best judgment in any emergency requiring medical attention. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Binghampton Community Life Center, its Coordinators, Coaches, Staff or any participating church or school, or persons transporting me to and/or from activities; for any claim arising out of an injury to me, for any other cause, except to the extent and in the amount covered by accident and liability insurance. This in no way confers upon BCLC any duty to obtain an accident and/or liability insurance.

Participant Signature : _____ Coordinator Signature): _____