



11”w x 8.5”h

PREMIER GRAPHICS

Proof **5** | Mansfield Christian Biddy Ball | Tri Fold Brochures

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This proof is provided to you as a final layout before production. It is your (the customer's) responsibility to check the layout and then respond with changes or approval. Premier Graphics reminds you that an agreed upon final proof is what shall be produced and invoiced. Once approved and produced, any changes will be invoiced accordingly. 9.17.15

| HOW DO I SIGN UP? | MCS GIRLS ELEMENTARY BASKETBALL REGISTRATION FORM | | | | | | | | | | | |
|--|---|---------------------|----------------------|---------------------|----------------------|---------------------|--------------------|----------------------|---------------------|--|---|---|
| <p>BRING REGISTRATION FORM AND FEE TO Mansfield Christian Elementary School Attn: Coach Wilson</p> <p>Drop-offs can be made at the school office, Monday-Friday</p> <p>REGISTRATION INFORMATION Registration cost per child is: \$55.00 <i>Includes: team shirt and arm bag</i> Registration Deadline: Dec 1st, 2015 <i>*cannot guarantee shirt or bag after that date</i></p> <p>AGE BRACKETS INCLUDE 1st - 3rd Grade 4th - 6th Grade <i>Based on number of girls registered will determine number of players per team.</i></p> <p>PROGRAM SCHEDULE Player Evaluations: Wed. Dec. 2nd, All Girls, 3:15pm-4:15pm Sat. Dec 5th 1st - 3rd Grade 9:00am-10:00am 4th - 6th Grade 10:00am-11:00am Meet the Team / First Practice: Sat. Dec. 12th, 9:00am-11:00am (receive schedules)</p> <p>PRACTICE SCHEDULE Directly after school until 4:15. Varsity players will assist in transferring kids from elementary to high school gym. Parents please be on time and pick up kids at High School Gym.</p> <table border="0"> <tr> <td>December 2nd</td> <td>January 20th</td> </tr> <tr> <td>December 16th</td> <td>January 27th</td> </tr> <tr> <td>December 30th</td> <td>February 3rd</td> </tr> <tr> <td>January 6th</td> <td>February 10th</td> </tr> <tr> <td>January 13th</td> <td></td> </tr> </table> <p>GAMES (ALWAYS ON SATURDAYS) Games will be by grades 1st-3rd Grade 9am-10am 4th-6th Grade 10am-11am <i>*Always be there 15 mins before game time.</i></p> <p>CONTACT INFO Mr. & Mrs. Todd (gym teacher): 740-263-1451 Varsity Girls Coach Wilson: 719-688-1486</p> <p style="text-align: center;">**HIGH SCHOOL PLAYERS ARE HELPING** Parent Volunteers Are Welcome!!</p> | December 2nd | January 20th | December 16th | January 27th | December 30th | February 3rd | January 6th | February 10th | January 13th | | <p>PARTICIPANT CONTACT INFO Last Name: First Name: MI: Grade: Date of Birth: / / <small>MONTH DAY YEAR</small> Home Phone: (.....) Parent's Cell: (.....) Would you be willing to coach your child's team? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please print your name: Participant Information Notes (if any)</p> <p>PARENT/GUARDIAN INFORMATION Father/Guardian: Phone: (.....) Email: I would like to assist this league by being a: <input type="checkbox"/> Coach <input type="checkbox"/> Score Keeper <input type="checkbox"/> Team Parent Mother/Guardian: Phone: (.....) Email: I would like to assist this league by being a: <input type="checkbox"/> Coach <input type="checkbox"/> Score Keeper <input type="checkbox"/> Team Parent Emergency Contact: Daytime Phone: (.....) Evening Phone: (.....)</p> <p>SIZING (Completed at Evaluations/Orientations) Basketball T Shirt Size (circle one): YXS YS YM YL YXL / AS AM AL AXL A2X</p> <p>PAYMENT OPTIONS Checks Payable To: Mansfield Christian in Memo: Girls Biddy Ball w/ Daughters Name CASH ACCEPTED NO CREDIT CARDS</p> | <p>PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT. NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.</p> <p>AUTHORIZATION AND RELEASE OF LIABILITY I the parent or guardian of the above-named child, authorizes the participation of my child in the Mansfield Christian Athletic program. I understand that the program is conducted by the school. I further understand and agree that my child's participation in athletic and other activities of the program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. I hereby release, discharge, hold harmless and indemnify and covenant not to sue, the school.</p> <p>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 above-named child, am not present to make medical decisions, I hereby authorize the school, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, 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, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. My signature also indicates that all legal guardians are aware and consensual with the participation of the above-named child.</p> <p>Signature: Printed Name: Date:</p> |
| December 2nd | January 20th | | | | | | | | | | | |
| December 16th | January 27th | | | | | | | | | | | |
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