



LADYFLAMES
BIDDY BASKETBALL

— AND —

DISCOVERY
CHOOOL

TEAM
UP!!!

GIRLS
ELEMENTARY
BASKETBALL
1ST - 6TH GRADE

CREATING A
GREAT
EXPERIENCE
TOGETHER!



2016 - 2017 Season

HOW DO I SIGN UP?

BRING REGISTRATION FORM AND FEE TO:

Mansfield Christian Elementary School
Attn: Coach Wilson

Drop-offs can be made at the school office, Monday-Friday

REGISTRATION INFORMATION

Registration cost per child is: **\$55.00**

Includes: team shirt and basketball

Registration Deadline: **Nov. 18th, 2016**

**cannot guarantee shirt or basketball after that date*

AGE BRACKETS INCLUDE

1st - 3rd Grade

4th - 6th Grade

Based on number of girls registered will determine number of players per team.

SATURDAY PRACTICE SCHEDULE

Sat. Dec. 3rd, 9:00am - 11:00am

Sat. Dec. 10th, 9:00am-11:00am

Practice/Receive Schedules:

Sat. Dec. 17th, 9:00am-11:00am

AFTER SCHOOL 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.**

December 7th, 14th, 28th

January 4th, 11th, 18th, 25th

February 1st, 8th

GAMES (ALWAYS ON SATURDAYS)

Gymnasium location to be Determined

Games will be by grades

1st-3rd Grade 9am-10am

4th-6th Grade 10am-11am

**Always be there 15 mins before game time.*

Jan. 7th, 14th, 21st, 28th

Feb. 4th, 11th

CONTACT INFO

Coach Young: 419-571-8542

Coach McAuley: 419-512-5996

Varsity Girls Coach Wilson: 419-688-1486

****HIGH SCHOOL PLAYERS ARE HELPING****
Parent Volunteers Are Welcome!!

MCS GIRLS ELEMENTARY BASKETBALL REGISTRATION FORM

PARTICIPANT CONTACT INFO

Last Name:

First Name: MI:

Grade: Date of Birth: / /
MONTH DAY YEAR

Home Phone: ()

Parent's Cell: ()

Would you be willing to coach your child's team?

Yes No

If yes, please print your name:

Participant Information Notes (if any)

PARENT/GUARDIAN INFORMATION

Father/Guardian:

Phone: ()

Email:

I would like to assist this league by being a:

Coach Score Keeper Team Parent

Mother/Guardian:

Phone: ()

Email:

I would like to assist this league by being a:

Coach Score Keeper Team Parent

Emergency Contact:

Daytime Phone: ()

Evening Phone: ()

SIZING (Completed at Evaluations/Orientations)

Basketball T Shirt Size (circle one):

YXS YS YM YL YXL / AS AM AL AXL A2X

PAYMENT OPTIONS

Checks Payable To: Mansfield Christian

in Memo: Girls Bidy Ball w/ Daughter's Name

CASH ACCEPTED
NO CREDIT CARDS

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT. NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

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 / Discovery School 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.

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.

Signature:

Printed Name:

Date: