

**PLEASE READ CAREFULLY AND SIGN BELOW TO
INDICATE YOUR AGREEMENT**

**NOTE: THIS FORM INCLUDES A RELEASE OF
LIABILITY, AUTHORIZATION AND RELEASE OF
LIABILITY**

Child Name: _____

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: _____

Lady Flames



&

Discovery School

**Girls Elementary Basketball
Grades: 1st-6th**

PARTICIPANT CONTACT INFO

Last Name: _____
First Name: _____
MI: _____
Grade: _____
Date of Birth: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian: _____
Phone: _____
Email: _____
Mother/Guardian: _____
Phone: _____
Email: _____

SIZING

Basketball T-Shirt Size (circle one):
YXS YS YM YL YXL / AS AM AL AXL A2X

PRICE

\$50.00- includes basketball & t-shirt

PAYMENT OPTIONS

- Checks Payable To: MCS
In Memo: Girls Bidy Ball w/ daughter’s name
- CASH ACCEPTED
- NO CREDIT CARDS

Just detach this back page and turn it in with payment

Practices

Saturday December Dates:

1st: 9am-11am
8th: 9am-11am
15th: 9am-10am (announcing teams)
22nd: 9am-11am

Wednesday Dates:

December: 5th, 12th, 19th -3:00-4:00
January: 9th, 16th, 23rd, 30th-3:00-4:00
February: 6th 3:00-4:00

Games

All games are Saturday mornings

January: 5th, 12th, 19th, 26th
February: 2nd & 9th

****HIGH SCHOOL PLAYERS ARE HELPING****



There will be an end of the year banquet!

CONTACT INFO:

Coach Jami Nelson and Coach Drew Nelson: 419-565-8183
Coach VanDine, Discovery School Contact: 419-512-6775

MCS Lady Flames Bidy Ball is on Facebook, request to be a member!



