



## MCS F.I.R.E Academy Basketball Program

**Who:** MCS Boys grades 5<sup>th</sup>-6<sup>th</sup>

**What:** We will be teaching them the fundamentals of the game, building a passion and work ethic for the game of basketball, as well as growing a desire to know who God is and growing closer to Him.

**Where:** MCS Elementary Gym

**When:** Practices; Wednesdays 3:15-5:15, Saturdays 8:00-10:00, and a third practice time TBD. Games will be on Saturdays starting in December.

-Practices will begin Saturday, November 12<sup>th</sup>, a more detailed practice and game schedule will be sent out to parents once the season begins.

**Cost:** \$50 if using the uniform from last year. \$75 if you need a new one- billed through Facts

### Extra Details:

\*Please join the band app where all communications are sent out throughout the season, another email with the link will be sent out on October 31<sup>st</sup> if you have not already done so.

**\*The DEADLINE to register is: Monday, October 31<sup>st</sup>. Please return registration form to the Elementary Office.**

\*Players will need to bring water bottle and gym clothes for practice.

\*Questions: Contact Jonathon Rank at 419-756-5651 ext. 202

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Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parents Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Shirt Size: YOUTH- XS S M L ADULT- S M L XL**

Authorization/Waiver of Liability In consideration of the acceptance of this application, I for myself, my child/ward, all executors and assignees, do hereby release and discharge MCS F.I.R.E Academy Basketball Program and/or it's directors, volunteers, and employees, for all claims, demands, or causes of action arising out of participation in both practices and games sponsored by the organization. I attest that I have full knowledge of the risks involved in strenuous athletic activity and that my child/ ward is physically able to participate. I hereby authorize the designated volunteer or coaches of MCS F.I.R.E Academy Basketball Program to act for me according to their best judgment in any emergency requiring medical attention. I further agree to be responsible for any medical or other charges in connection with my child's/ward's participation in any event sponsored by MCS F.I.R.E Academy Basketball Program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_