



# MCS Girls Bidy Basketball Registration Form

**Who:** The MCS Bidy Basketball Program is for girl's 1st-6th grade.

**What:** Bidy basketball is a program created to teach young players the basic skills of basketball and have an opportunity to play in actual games with teammates and refs.

**When:** *Practices* are on Wednesday from 3:15-4:30. January 4th- February 1<sup>st</sup>.

*Games* will be every Saturday morning from January 7th- February 4<sup>th</sup> from 9:00-11:00.

**Where:** MCS high school gym

### Extra Details:

\*The fee will be \$50 for your first child and \$30 for each child after. You will be billed through FACTS. If you are going to reuse last year's jersey, the fee will be \$30.

\*The girls will go to car line every Wednesday and will be picked up for practice by a coach.

\*They need to bring a change of clothes and a water bottle to each practice.

\*Parents can pick up children in the car line outside of door #8 @ 4:30.

**\*The DEADLINE to register is November 28<sup>th</sup>. Please return the form to the elementary office.**

\*Questions: Please call/text Jami Nelson at 419-565-8183

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Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size or Reusing \_\_\_\_\_

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

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

### Shirt Sizes: Youth-XS SM M L XL 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 Bidy Basketball and/or its 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 Bidy Ball 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.

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