

# IT'S TIME TO SIGN UP FOR A 2009-2010 MUMC YOUTH BASKETBALL TEAM!!

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## It is time to Sign Up for MUMC Basket Ball:

1<sup>st</sup> thru 6<sup>th</sup> grade league start dates are TBA, but teams and practice times will be assigned by the end of November

7<sup>th</sup> thru 12<sup>th</sup> grade leagues start in Mid-December and practices will begin in the next couple weeks. Please sign up ASAP.

### **Sign up deadline NOW!**

**Parent Player Meeting will be announced after we have received registrations.**

**Player Fee:** \$20 for 1<sup>st</sup> thru 6<sup>th</sup> grade  
\$35 for 7<sup>th</sup> thru 12<sup>th</sup> grade

**Jersey Fee:** \$14 (Jerseys will be the same as last year.)

There will be a jersey swap at the Parent/Player meeting.

*If you already have a jersey but it doesn't fit, bring it to the meeting and maybe you will be able to swap with someone else.*

### **Please complete BOTH sides of this form and return to the church.**

If you have questions please contact Jay Miklovic [jmiklovic@bex.net](mailto:jmiklovic@bex.net) or (419) 893-8761

Players Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Player's age on December 31, 2009: \_\_\_\_\_ Player's Grade: \_\_\_\_\_

MUMC may have more than one team in each league. You can preference one other player you would like to be on a team with **OR** you can suggest a preferred coach. Every effort will be made to honor these requests. Please be sure the other child lists your child as their preference.

Player: \_\_\_\_\_ **OR** Coach: \_\_\_\_\_

*For Church Use only: Need Jersey \_\_\_\_\_ Size \_\_\_\_\_ Jersey Pd \_\_\_\_\_ Fee Paid \_\_\_\_\_*

# MUMC YOUTH BASKETBALL 2009-2010

(Please print clearly)

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

M\_\_ F\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

(Street and Number, Apt. Number)

City, State

Zip

Mother's Name \_\_\_\_\_

(Address if different from above)

Phone

Father's Name \_\_\_\_\_

(Address if different from above)

Phone

Other \_\_\_\_\_

(Guardian Name)

(Address if different from above)

Phone

Allergies and/or other conditions we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attends what Church? \_\_\_\_\_  
\_\_\_\_\_

Member: Yes\_\_\_\_ No\_\_\_\_\_

In Case of Emergency, Contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

home / cell (circle one)

Either Part I or Part II below must be completed. Do not complete both.

**Part I.** Permission to Transport Child  
I give Maumee United Methodist Church permission to transport my child

\_\_\_\_\_ for  
(name of child)

to \_\_\_\_\_

(name of hospital / clinic)

for emergency medical care, or to

\_\_\_\_\_ for  
(dentist / dental clinic)

for emergency dental care, or to the nearest available source of emergency assistance.

Parent/Guardian Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**Part II.** Refusal to Grant Permission  
I do not give Maumee United Methodist Church permission to transport my child

\_\_\_\_\_ for  
(name of child)

emergency medical or dental care.

Parent/Guardian Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_