



BASKETBALL

2011-2012

If you are interested in learning and playing basketball, sign up for M.C.Y.A.L. BASKETBALL!

For Who?

Children in grades K -6th.

When?

Saturdays (K-2nd Grade)

Mondays and Saturdays (3rd-6th Grade).

Starting Sat. December 3rd, 2011

Where?

Madison Christian School

Cost?

\$30.00* K-2nd Grade

\$40.00* 3rd-6th Grade

*non-refundable fee - Make checks payable to MCC. Each participant receives a Jersey, Basketball and Trophy

If you have questions, please call or email:
 Andy Scholz 614-497-3310 or
 scholz@madisonchristianschool.com

PLEASE RETURN FORMS TO CHURCH OFFICE OR ELEMENTARY OFFICE

IF YOU ARE INTERESTED IN COACHING PLEASE CONTACT ANDY SCHOLZ

For a complete schedule click on link below
<http://madisonchristian.org/ministries/children/mcyal>

Permission to Participate In M.C.Y.A.L. BASKETBALL

Student _____

Grade _____

Address _____

Email _____

Home # _____

Emergency Contact 1 _____

Emergency # 1 _____

Emergency Contact 2 _____

Emergency # 2 _____

Has your child participated in BASKETBALL before?
 Y / N If yes, how many years? _____

Medical issues to be aware of: _____

Physical or mental disabilities/handicaps to be aware of:

I (We) hereby permit my (our) son/daughter to participate in **M.C.Y.A.L. BASKETBALL** at Madison Christian Church. I (We) understand and assume all risks, which may include, but are not limited to sprains, fractures, ligament or cartilage damage, neck and spinal injuries, and serious injury to muscles, internal organs, and/or brain, associated with said participation, and recognizes the importance of following instructions. As part of this agreement to permit my (our) son/daughter to participate in **M.C.Y.A.L. BASKETBALL**, my child and I (We) fully understand and consent to the rules, guidelines and disciplinary policies and procedures involved with the M.Y.C.A.L.

I (We) acknowledge that we have been properly advised, warned, and cautioned by Madison Christian Church that participation in **BASKETBALL** can result in a participant suffering serious injury. Having been cautioned and warned, with full knowledge and understanding of the risk of serious injury from participation in **M.C.Y.A.L. BASKETBALL**, I (We) do hereby grant permission to the staff of M.C.Y.A.L. to authorize emergency medical treatment for my son/daughter. I (We) will assume all responsibilities from that point on for payment of all medical liabilities, etc., and do hereafter release M.C.Y.A.L., its Staff and volunteers for any and all further liability.

I (We) hereby give:

_____ (child's name) permission to participate in **M.C.Y.A.L. BASKETBALL** at Madison Christian Church.

_____ *Parent/Guardian Name Printed*

_____ *Parent/Guardian Signature* _____ *Date*

Jersey Size (child will be fitted on Dec. 3rd)

Youth: S M L

Adult: S M L XL

REGISTRATION FORM AND FEES DUE December 2nd, 2011