

Mt. Horeb United Methodist Church
P.O. Box 131
Lexington SC 29071
Special Needs Basketball
2012 Winter League

Return registration form with \$10 (if you are able) by December 16, 2011

Name _____ Birth date _____
City/State/Zip _____
Address _____
Current School Attending _____

Parent/Guardian

Name(s) _____
Home# _____ Email _____
Address: _____
Mom cell _____ Dad cell _____

T-Shirt Size (Circle One if needed)
Adult Small Youth Small
Adult Medium Youth Medium
Adult Large Youth Large
Adult XL
Adult XXL

**Does Athlete have his/her jersey from last season?
IF SO, PLAN TO USE IT AGAIN
yes or no**

Please list any conditions that may interfere with sports participation:

Signature of Parent or Guardian

Date

ADDITIONAL INFORMATION

Do you want your child to play full court or half court basketball? _____

Does your child have a strong preference for being on the same team as a close friend?

If so, who? _____

WAIVER: This is to certify that my child, _____, is physically fit to participate in the activities of the Mt. Horeb United Methodist Church Special Needs Basketball League. I agree that Mt. Horeb UMC, its staff, volunteer coaches or other volunteers will not be held liable for any injury sustained by my child while participating in this league.

Signature of Parent or Guardian

Date

Note: Please notify League Coordinator if for any reason you do not want your child's name, photo, or other personal information released to the public or to Mt. Horeb UMC.

In order for our league to continue to grow, we need your help. Please prayerfully consider volunteering in one or more of the capacities listed below:

COACHING

- ___ Head Coach – younger team and older team
- ___ Assistant Coach – younger team and older team
- ___ Team Parent – one from each team

COORDINATING VOLUNTEERS

- ___ Scheduling devotion leaders
- ___ Scheduling player announcers
- ___ Scorekeepers
- ___ Devotion Leader
- ___ Announcers

Completed forms and checks made to Mt. Horeb UMC by December 16, 2011

Mt. Horeb UMC

P.O. Box 131

Lexington SC 29071

ATTN: SN Basketball League- Sally Garner or Chris Carver

Send inquiries to Sally@mthorebumc.com or Chrisc@mthorebumc.com

(cut here and keep for your information)

**2012 season
VERY IMPORTANT DATES TO REMEMBER!!!**

**ALL PLAYERS EVALUATION AND FIRST PRACTICE – JANUARY 12 - 6:00PM
At Mt. Horeb UMC**

**PRACTICE THURSDAYS
5:30 YOUNGER TEAMS
6:30 OLDER TEAMS
GAMES ON SATURDAYS AT 3:00 AND 4:00
JANUARY 21, 28 FEB. 4,11,18,25
*Feb. 25 awards banquet following games**