

## **2023-2024 Pee Wee Basketball**

Hello potential Pee Wee Basketball players. Pee Wee basketball is open to boys and girls grades 3-5. We plan to play all our games on Saturdays starting in December and running into February. Games are played here at OSL against teams from other area churches and schools.

Teams are made up of a mixture of boys and girls from each class with an attempt made to balance the rosters by skill level and experience. Each team practice this year will be on Friday evenings from 5:30 to 7:00 PM . The number of teams we have is based on the number of players that wish to play.

The first practice will be Friday, November 3, at 5:30 PM and will run until 7:00 PM just like the other practices. We will determine the number of teams and who is on which team after that day.

Please inform the coaches if you need to have your child on the same team with another child because of car-pooling, sibling, etc. (Wanting to play with their best friend isn't a valid reason.)

The Coaches and I look forward to working with your children and having another great Pee Wee basketball season. Please feel free to call me with questions at 517-898-3446. Return the sheets to Kendra in the church office.

In Christ,

Bill Burmeister

# Pee Wee BASKETBALL

## REGISTRATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Fall 2023

Address \_\_\_\_\_ City \_\_\_\_\_

Telephone \_\_\_\_\_  
Home Work Cell

Parent's Signature \_\_\_\_\_

## MEDICAL RELEASE

As the parent/legal guardian of \_\_\_\_\_, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment of the above minor. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Player's Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Last Tetanus Booster \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

Known allergies of this player, including any allergies to medicine \_\_\_\_\_

Any other medical problems which should be noted \_\_\_\_\_  
*Use reverse side if needed*

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Person responsible for charges (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Person to notify if parent/ guardian is unavailable \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_