

2024-2025 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 Fridays (time TBD). The number of teams we have is based on the number of players that wish to play.

The first practice will be Friday, November 1. 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 2024

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 _____