



Community Life Center
Chippewa United Methodist Church

Sports Ministry
SEPTEMBER/OCTOBER

BASKETBALL FOR BOYS & GIRLS

Kindergarten: Mondays 6:00 - 7:00, Beginning September 17 - October 22

1st - 2nd Grade: Tuesdays 6:00 - 7:00, Beginning September 18 - October 23

3rd - 6th Grade: Tuesdays 7:00 - 8:00, Beginning September 18 - October 23

NO BASKETBALL OCTOBER 8th & 9th

EARLY REGISTRATION: Cost: \$40 *Must be submitted by September 7* to ensure a T-shirt on the first day.

LATE REGISTRATION: Cost: \$50 Each child will receive a T-shirt.
(T-shirt may not be available on the first day)

All registrations received past **September 7** will be considered a late registration.

For more information, please contact
CLC Director, Scott Ensworth:
ensworth@chippewaumc.org
Phone: (724) 843-4032 ext. 3

Each Team will be limited to 9 players

Sessions run for 5 weeks, for 1 hour and will include:
20 minute drills & skills training, & 40 minutes of
playing time

Return Registration Form with Payment to:
Chippewa United Methodist Church, Attn: Scott Ensworth
2545 Darlington Road, Beaver Falls, PA 15010

Registrations are based on first come, first serve basis.

Please adhere to the Early/Late Registration date and
cost change as mentioned above.

Please make checks payable to CUMC

SEPT/OCT Registration Form

Name: _____ Grade: _____ Male/Female: _____

Address: _____

Parent/Guardian: _____ Cell Phone: _____

T-shirt Size: YM YL AS AM AL AXL

Email: _____

– I will not hold Chippewa United Methodist Church or its volunteers responsible for any accidents or injury my child may sustain while participating in CUMC Basketball _____ (Initial)

– I give consent to the staff & volunteers of CUMC to call 911 in order to administer any necessary treatment and/or first aid and/or transportation to the hospital for my child in case of any type of accident, injury, or emergency while my child is participating in Basketball _____ (Initial)

– If I am unable to be contacted, I give my permission for treatment to be given to my child on sight or at the emergency room. _____ (Initial)

Parent/Guardian Name (Print) _____ Parent/Guardian Signature _____ Date _____

118 McMillen Avenue
Beaver Falls, PA 15010

Please check box if you are interested in being a coach