



**Community Life Center**  
Chippewa United Methodist Church

*Sports Ministry*

**MARCH/APRIL**

**BASKETBALL FOR BOYS & GIRLS**

**Kindergarten:** Mondays 6:00 - 7:00, Beginning March 4 - April 1

**1st - 2nd Grade:** Tuesdays 6:00 - 7:00 Beginning March 5 - April 2

**3rd - 6th Grade:** Tuesdays 7:00 - 8:00, Beginning March 5 - April 2

**EARLY REGISTRATION:** Cost: \$40 \*Must be submitted by February 22 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 **February 22** 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\***

MARCH/APRIL 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