



**PLAY FOR HIM.**

"WHATSOEVER YE DO, DO ALL TO THE GLORY OF GOD." - I CORINTHIANS 10:31



## **Monclova Christian Academy**

7819 Monclova Road  
Monclova, Ohio 43542

Dave Metzger, Athletic Director  
d.metzger@monclovabaptist.org

419.866.7630, ext. 226  
[www.monclovabaptist.org/mca](http://www.monclovabaptist.org/mca)



# PROGRAM SCHEDULE

## 1st-2nd Grade Girls & Boys

Dates: Fridays, March 16, 23, 30

Time: 3:15-4:15 p.m.

- Basketball fundamentals & lead up games

## 3rd-4th Grade Girls & Boys

Dates: Saturdays, Feb 4, 11, 18, 25, Mar. 3

Time: 9:00-10:30 a.m.

- 9:00-9:30 - Everyone (dribbling, ball handling, shooting)
- 9:30-10:00 - Girls games / Boys (defense and offense fundamentals)
- 10:00-10:30 - Boys games / Girls (defense and offense fundamentals)

## 5th-6th Grade Girls & Boys

Dates: Saturdays, Feb 4, 11, 18, 25, Mar. 3

Time: 10:45 a.m. - 12:00 p.m.

- 10:45-11:15 - Everyone (dribbling, ball handling, shooting)
- 11:15-11:35 - Girls games / Boys (defense and offense fundamentals)
- 11:35-12:00 - Boys games / Girls (defense and offense fundamentals)

*We are looking for MANY assistant coaches! If you have any interest please indicate on the registration form or contact the MCA Athletic Department.*



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# REGISTRATION

*Please fill out a separate form for each child attending. Mail or turn in forms to Monclova Christian Academy.*

## Student Information

Name \_\_\_\_\_

Male  Female

Birthday \_\_\_\_\_ Grade \_\_\_\_\_

## Age Group

1<sup>st</sup>-2<sup>nd</sup> grade  3<sup>rd</sup>-4<sup>th</sup> grade  5<sup>th</sup>-6<sup>th</sup> grade

## Contact Information

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

I am interested in coaching.

## MCA Basketball Parental Consent

*All athletes must have their own medical coverage. Athletes will not be allowed to participate unless the following information is given.*

**Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

*I hereby grant permission for my child to attend the Elementary Basketball Program at Monclova Christian Academy [MCA]. I also grant permission to the MCA staff to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release MCA and its employees from any and all liability for any injuries incurred during program sessions. I will be responsible for any and all costs of medical attention and treatment.*

*I also grant permission to a medical facility to treat my child if necessary. I have provided the required insurance information, and in the event that my insurance will not cover necessary treatment, I will be responsible for any and all costs of medical attention and treatment.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_