

For Evaluation Only

(Completed by Coaching Staff)

Line Shooting _____

Right-side Shoot _____

Left-side Shoot _____

Right Hand Dribble _____

Left Hand Dribble _____



Uniform Sizes

(circle one please)

Jersey	Youth	S	M	L		
	Adult	S	M	L	XL	XXL

Shorts	Youth	S	M	L		
	Adult	S	M	L	XL	XXL

***** IMPORTANT *****

Please complete and bring this form with you to the evaluation night along with registration and uniform fees.

If your child is unable to attend the evaluation / orientation, please mail this form to the church and call to make other arrangements for your child to be placed on a team or informed about practices and games.



First Practice – Monday, Jan. 8, 2018

First Game – Saturday, Jan. 27, 2018

Last Game- Saturday, March 10, 2018

G – Team



Cheerleading



Basketball



Lewistown-Trinity UMC

PO Box 134

8088 County Road 54

Lewistown, OH 43333

937-686-8355

WWW.LTUMC.com

Facebook- God's Team –G Team

God's Team Sports Basketball / Cheerleading

God's Team offers children 4 years old through 5th grade the opportunity to learn the fundamentals of the sport and play on a team while learning about God's Word and fostering a relationship with Jesus Christ.

- Weekly practices and games
- Evaluation or Orientation required
- Uniforms are required for all participants and must be worn to all games

Basketball Evaluation and Cheering Sign ups: Mon., **Nov. 20, 5:30-7:00pm**

Basketball	Reg. and Uniform	\$40
	Registration only	\$25

Cheerleaders	Reg. and Uniform	\$50
	Registration only	\$25

Please make checks payable to:

Lewistown-Trinity UMC

*(After orders are placed,
there will be no refunds)*

If Mailing Registration Form and Fee(s):

Lewistown-Trinity UMC

PO Box 134

Lewistown, OH 43333-0134

**For more info: 937-686-8755 or
937-597-2277**

(Some Scholarship Funds Available)

God's Team

My child is interested in *(circle one)*

Basketball Cheerleading

Gender M F **Grade** P K 1 2 3 4 5

Age _____ **Height** _____

Child's Name _____

Address _____

Email _____

of Siblings playing 0 1 2 3

Special Requests

New to G-Team? Yes No

Years played before _____

Church currently attending

Father's Name _____

Work/Best Phone _____

Desire to help? Yes No
(Coaching, Concessions, Set-up, etc.)

Mother's Name _____

Work/Best Phone _____

Desire to help? Yes No
(Coaching, Concessions, Set-up, etc.)

Emergency Contact & Permission:

Name _____

Daytime Phone _____

Evening Phone _____

I, as _____'s parent/legal guardian, give my permission for my child to participate in the God's Team sports program at Lewistown-Trinity UMC. In the event my child would be hurt, I do not hold the church or any of the members or volunteers responsible.

My child has _____
(medical condition/medications) of which the team/coaches should be aware.

Print Name _____
(Parent/Guardian)

Signature _____

Date _____