

What—No Score?

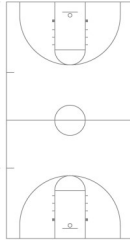
Our League is focused on sharing the love of Christ and the Gospel message through the game of basketball while teaching respect for authority, sportsmanship, character, and basketball skills. Devotions are held after each game.



*I can do all things through Christ
who strengthens me.
Philippians 4:13*

At the end of a game, the score is 0-0. Why don't we keep score? Well, we're not just about points on the board, we're here to develop a Christ-like attitude and, while players are encouraged to do their best, they can do so while having FUN.

P.S. We know that in the end, Christ wins!



First Baptist Church
500 Lincoln Drive
Bloomfield, IN 47424



2016 Season Information & Registration Form

*Where your treasure
is, there will your
heart be also.*

First Baptist Church
Bloomfield, IN

Tel: 812-384-8459



Who can play?

Boys and Girls,
Age 4 - 6th Grade

Weekly Sessions every Saturday:
January 23 - March 12

9:00 - 10:00 Pre K & K
10:00 - 11:30 Grades 1-3
11:30 - 1:00 Grades 4-6

End of Season Banquet:
March 12, 2016
6:00 p.m.

\$25.00 per player
Includes T-shirt, Medal,
Materials, and Banquet
(Scholarships are available)

Please send registration forms
and payment (or request for
scholarship) to the church
office by January 15, 2016.

Questions?

Contact Eric Moody 875-3590,
Jeff Coffin 384-4173,
or the Church Office 384-8459

Email: secretary@fcbloom.org



Bloomfield First Baptist
Invites you to:



(Pictures from 2013 Hoops for Him Program)



2016 Hoops for Him Basketball Program

Mail to: First Baptist Church, 500 Lincoln Drive, Bloomfield, IN 47424 (or drop off at Church Office).

Player Registration Form + Entry Fee: \$25.00 per player

Player's Name(s):	Grade	T-Shirt Size (Circle One):	Fee: \$25.00 per player
<input type="checkbox"/> Male <input type="checkbox"/> Female		YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL	
<input type="checkbox"/> Male <input type="checkbox"/> Female		YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL	
Please list any disabilities, handicaps, limitations, or significant medical conditions:			Total:

*Special Requests: _____

Street Address:	City	Zip	Home Phone
Parent / Guardian Name(s):	Cell Phone #(s)	Text Msg	Payment Method
		Yes / No	<input type="checkbox"/> Cash <input type="checkbox"/> Check #

I recognize that because of the potential hazardous nature of this activity that an injury might be sustained. In the event of such an injury to myself or my child/children, if I or my spouse cannot be contacted, I give my permission to an attending physician to render such treatment as would be normal and I agree to pay the usual charges for such treatment. I now release Bloomfield First Baptist Church, its employees, volunteers, agents, sponsors, officers, independent contractors, vendors and assigns for any personal injuries or damages to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian

Date

Name of the church you attend (optional)

Parent/Guardian/Grandparent: I can do one of the following for the player's team:

Name(s): _____

☐ Coach

☐ Assist in practices/games

☐ Work in Concession Stand