

# Community Wellness Center of Winamac

(For online registration please visit [www.winamacwellness.com](http://www.winamacwellness.com))



## 2025 DRIBBLERS

**AGES: Pre K - 3rd grade (Boys and Girls)**

**REGISTRATION:** November 18th - December 31st

**PRACTICES:** Practice starts Friday, January 17th

**GAMES:** Games begin Saturday, January 25th

(All games will be on Saturdays. We will play six games)

**COST:** Members: \$35.00  
 Non-Members: \$55.00  
**20% discount through November 25th, 2024**

Volunteers are an essential part of any non-profit organization. Your participation helps to ensure the success of our programs. Please write your name and contact number below if you are able to assist. All volunteers will be subject to a background check.

**WAIVER MUST BE SIGNED FOR REGISTRATION TO BE VALID:**

I, \_\_\_\_\_, hereby agree that the Community Wellness Center (including but not limited to its staff, officers, members, or volunteers) shall not be liable for any injury or loss my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of the Wellness Center. We agree to indemnity and to hold harmless the Wellness Center of any claim whatsoever. I further understand and agree that any insurance coverage provided by the Wellness Center shall be secondary and supplemental to any other insurance I have. I assume all risks and hazards incidental thereto including transportation to and from activities.

I, \_\_\_\_\_ give permission for emergency medical treatment for illness or accident if such a problem arises.

**PICTURE USE:** My child's photo may be used in the publications of the Community Wellness Center including but not limited to: newsletters, advertisements, and website. **Circle: YES NO**

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player's Name		Grade	
Address		City	Zip
Birth Date/Age		M	F
Shirt Size	YS	YM	YL
	AS	AM	AL
Parent's Name			
Home #		Cell #	
E-mail:			



**Phone: (574-946-4150)**

Check one:

<u>Coach</u>	<u>Assistant Coach</u>
<u>Name</u>	<u>Shirt Size</u>

Registration forms can be brought or mailed to the Community Wellness Center at 120 W 15th St, Winamac, In. We also have a secure 24 hour dropbox by the front door.

Office Use:		
Amount Paid:	Date:	Staff: