Dear Parent/Guardian:

** If you have any questions, please e-mail Mr. Mental at mic1616@aol.com.** Questions by e-mail only - please do NOT call the Schools

WINTER BASKETBALL PROGRAM

| | | | | sketball this winter. There will be two separate progrague, just as in the past. Our goals are to practice o | |
|---------------------------------------|---------------------|-------------------|----------------------|--|----------|
| | | | | g date of the practices will be two weeks before Chris | |
| | | | | include insurance, shirt, and one basketball per team. | |
| | | | | to the Falls-Lenox Elementary School office no later | |
| Wednesday, Novem | nber 13, 2013. Pl | lease make the c | heck/money orde | er payable to Olmsted Falls Board of Education. | |
| Indicate which d | ays are good fo | or you for pra | ctice. There is | s only one practice a week, BUT <u>PLEASE MARPOSES</u> . (2 nd Grade Games are on Fridays.) | ARK |
| | Monday | | | 105E5. (2 Grade Games are on Fridays.) | |
| Indicate which ti | ma vanu ahild | aan attand nu | action DIEAC | TO DE ELEVIDLE DV MADIZING MODE TI | IT A N |
| ONE TIME: (Pra | | | actice; <u>PLEAS</u> | SE BE FLEXIBLE BY MARKING MORE TI | паг |
| (circle) | 4:00 p.m. | 5:00 p.m. | 6:00 p.m. | 7:00 p.m. | |
| · | nterested in coa | ching? (circle | one) YES NO | | |
| PLEASE PRINT A | AND FILL OUT | COMPLETE | \mathbf{X} | | |
| Participants Name | IN (B TIEE OOT | CONTI EETE | Teacher | | |
| Address | | | Phone | | |
| Registration fee info | ormation Money (| Order | Check # | (payable to Olmsted Falls Board of Educa | ition) |
| During the basketba PSR Other | | | | g activities - Please note day and time : | |
| | | ME | DICAL INFORM | MATION | |
| Please list any medi | ical information re | | | s history of asthma, rheumatic fever, head injury, epil | lepsy |
| hepatitis, spine irreg | gularity, diabetes, | current infection | or a disability. | y y J | -1-3 |
| Is the participant co | vered by a hospita | al and/or medica | l insurance? YE | ES NO | |
| As the parents/guar | dian of the above | participant, we | hereby give our | approval for his/her participation in the above bask | |
| | | | | sioners, board members, organizers, sponsors, superv | |
| | | | | ber of our family who may be attending an activity to and from activities. I do hereby waive all claims | |
| event of injury to ou | | ny person transp | borting our child | to and from activities. The fields waive an claims | 111 1116 |
| , , , , , , , , , , , , , , , , , , , | | | | | |
| You do have our po | ermission to have | e our child trea | ted at any hospit | tal unless so stated here. | |
| Parent/Guardian Sig | onature | | | EN R | |
| Name of Mother/For | thar | | | | |

Phone ()

Address _____

OLMSTED FALLS BASKETBALL PROGRAM

RULES AND REGULATIONS

- 1. All games and practices should end 5 minutes before scheduled time (example 4:30 p.m. start-stop at 5:25 p.m.)
- 2. The last team to practice needs to be out at their scheduled time.
- 3. Parents are encouraged to stay and watch practices and games.
- 4. If a parent is not there, the coach must stay with the team until every child is picked up.
- 5. We will enter and exit through the main entrance.
- 6. Boots will be taken off and put neatly on the mat. Please **No Boots** in the school.
- 7. Carry your gym shoes and put them on after taking off wet shoes or boots in the corridor.
- 8. Any child caught running around the building is not allowed to play in the next game. The second time this occurs, he/she is off the team.
- 9. Children will be allowed to go to the restroom. We would like one to go at a time.
- 10. No water bottles in the gym.
- 11. Please show up for games and practice 10 minutes before your scheduled time. (example Your game is at 5:30 p.m. come through the school doors at 5:20 p.m. no earlier.)
- 12. No staying after your game to watch the next game. Coaches should help move them out
- 13. Parents and little children can sit on the stage to watch their son/daughter during practice and games.
- 14. Any fighting by a player or players, they are out for the next game. The second time this occurs, they are off the team.
- 15. By the decision of the league commissioner, any player can be taken off a team after one fight or incident, which might be considered inappropriate.
- 16. We would like all coaches to <u>teach</u> and <u>not yell</u> or <u>scream</u> at the children.
- 17. No alcoholic beverages are allowed in the school or gym.

If for some reason something comes up that is not covered on this sheet, then the league commissioner has the final decision on all matters.

All equipment is the responsibility of the coach. If anything happens he/she needs to handle it properly. (Which could mean replacing it.)

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|--------------------------------|---|
| DETAC | CH AND RETURN |
| I, the parent/guardian ofthem. | have read all the rules and agree to abide by |
| Parent/Guardian Signature | Date |