

The Annual OF Athletic Department 1st - 3rd Grade In-House Basketball Program

The Athletic Department of Olmsted Falls Schools is offering an opportunity for primary school students to play basketball this winter. First grade students will participate in the league once a week for approximately 8-10 weeks; second and third grade students will participate in the league twice a week (one practice and one game) for approximately 8-10 weeks. The cost of the program is \$35.00 per student. **Register by November 1st to save \$5.00!!** Register online or find more information and forms for the Winter Basketball Program online at www.olmstedcc.com. Registration and payment should be received **NO LATER THAN Wednesday, November 15, 2017.** If you have any questions **after you have reviewed the information available on-line**, please contact Mick Mental via e-mail at mic1616@aol.com.

WHAT: *In-House Developmental Basketball Program* with Volunteer Coaches, No Cuts, Team T-shirts, No Referee or Scorekeepers, Games & Practices in Olmsted Falls.

PRACTICES: one hour/one weeknight per week at Falls - Lenox Primary School.

GAMES: one hour/weeknight per week at Falls - Lenox Primary School.

REGISTER: online at www.olmstedcc.com or in person at Olmsted Community Center (Do NOT send the forms to Falls-Lenox as in the past).

COST: = \$35 per player

**** REGISTER BY NOVEMBER 1ST TO SAVE \$5.00!****

DIVISIONS:

1st Graders – CO-ED - No Teams - 45 minute sessions/week to develop basketball skills

2nd & 3rd Graders - Boys (Teams will play other OF Teams ~ No travelling to other cities)

2nd & 3rd Graders -Girls (Teams will play other OF Teams~ No travelling to other cities)

CHILD'S NAME: _____ GENDER: _____ DATE OF BIRTH: _____

PHONE (Home): _____ (Cell): _____

ADDRESS: _____ GRADE: _____
(Street) (City) (Zip Code)

EMERGENCY CONTACT NAME: _____
(First) (Last) (Relationship)

EMERGENCY CONTACT EMAIL: _____

ANY MEDICAL CONDITIONS FOR PARTICIPANT: _____

CHILD'S T-SHIRT SIZE: _____ ONE DAY OF THE WEEK YOUR CHILD CANNOT PRACTICE/PLAY: M TU W TH F

INTERESTED IN VOLUNTEERING TO COACH/ASST COACH?: Yes - COACH Yes - ASST COACH No

IF YES, COACH'S NAME: _____

PHONE (Home): _____ (Cell): _____

EMAIL ADDRESS: _____

I recognize and understand that all activities will be held with safety as the number one priority. I will not hold any member of the OFCS nor any volunteer coaches responsible for any accident or injury that may occur to my child.

Parent Signature:----- Date:-----