

Winter Basketball Program
1st Grade - Boys & Girls

**** If you have any questions, please e-mail Mr. Mental at [mic1616@aol.com](mailto:mick1616@aol.com) or call the Olmsted Community Center at (440) 427-1599.****
Questions by e-mail only - please do NOT call the Schools

Dear Parent/Guardian:

WINTER BASKETBALL PROGRAM

We are going to provide our first grade students an opportunity to play basketball this winter. Our goals are to practice **once a week**. This would **start the first week in January** and run through the last week in February with each class lasting about 45 minutes. These are the skills we would like to work on: Dribbling, Passing, Shooting, Lay-ups and Playing Defense. We want this to be a positive learning experience, so it can help our 2nd and 3rd grade program in future years. The cost for the program is \$30.00. The registration is available ONLINE this year at www.olmstedcc.com or in person at Olmsted Community Center, 8170 Mapleway Drive, Olmsted Falls. Registration deadline **FRIDAY, NOVEMBER 18, 2016**. Please make the check/money order payable to Olmsted Community Center. Your child will receive a T-shirt. We will need as many volunteers as possible. Please indicate this if you can help on the form below or in the comments section of the online registration.

Indicate which days are good
PLEASE BE FLEXIBLE BY MARKING MORE THAN ONE DAY:

(circle) Monday Tuesday Wednesday Thursday Friday

Indicate the times your child can attend practice/games
PLEASE BE FLEXIBLE BY MARKING MORE THAN ONE TIME

(circle) 4:00 p.m. 5:00 p.m. 6:00 p.m. 7:00 p.m.

PLEASE – WE NEED AS MANY COACHES AS POSSIBLE:
Are you interested in coaching? (circle one) YES NO

Please remember this program is only one day a week. We start in January and the program takes place in the Lenox Gym (west end) at Falls-Lenox Primary School!

Thanks for your cooperation,

Mick Mental

****Please do not call the school with questions.****

PLEASE PRINT AND FILL OUT COMPLETELY

Participant's Name _____ (boy or girl) Teacher _____

Address _____ Phone _____

Registration fee information Money Order _____ Check # _____ (payable to *Olmsted Falls Board of Education*)

During the basketball season my child also participates in the following activities - **Please note day and time:**

PSR _____ Others _____

MEDICAL INFORMATION

Please list any medical information relevant to the participant such as history of asthma, rheumatic fever, head injury, epilepsy, hepatitis, spine irregularity, diabetes, current infection or a disability. _____

Is the participant covered by a hospital and/or medical insurance? YES _____ NO _____

As the parents/guardian of the above participant, we hereby give our approval for his/her participation in the above basketball activity. We do release, absolve and hold harmless-officials, commissioners, board members, organizers, sponsors, supervisors, and/or all in case of injury of our child, ourselves or any other member of our family who may be attending an activity. We likewise release from responsibility any person transporting our child to and from activities. I do hereby waive all claims in the event of injury to our child.

You do have our permission to have our child treated at any hospital unless so stated here.

Parent/Guardian Signature _____

Name of Mother/Father _____

Address _____ Phone () _____



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 commission, 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 teach and not yell or scream 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.)



DETACH AND RETURN

I, the parent/guardian of _____ have read all the rules and agree to abide by them.

Parent/Guardian Signature _____ Date _____