RIVERSIDE SCHOOL BASKETBALL Grades K-3

Forms Due: Tuesday, December 18, 2018

Practice Dates: January 4, 11, 25 and February 1, 2019

Practice Times: 2:15 – 3:15 p.m. at Riverside School

The basketball season is fast approaching. All basketball forms are due on Tuesday, December 18, and the first skills session will be on **Friday**, January 4, 2019. The basketball skills club will accept the first 12 students that return forms and the \$40 activity fee. As in the past, our focus is centered on learning teamwork and basketball skills, encouraging full participation, and having FUN!

Important Information – PLEASE READ CAREFULLY!

- Our basketball coach is Riverside PE Teacher, Cam Childress. Mr. Childress can be reached at the Riverside School number: 320-3465; his email is cchildress@riversideschool.org.
- Practice for all participants will be **Fridays**, 2:15 3:15 p.m. in the Riverside School Gym. No need to pick your child up after school and drive them to practice!! Parents will be asked to park and come into the gym to pick up their child.
- Please provide an email address which can be checked from your phone during club sessions should cancellations or emergencies occur. IF YOU CANNOT CHECK YOUR EMAIL FROM YOUR PHONE, please provide a cell number that we can text regarding cancellations.
- Players need to wear their t-shirts, athletic shorts or pants, and sneakers. Please bring a water bottle and a basketball if you have one.

Riverside School Basketball Registration Form and Contract

Due by Tuesday, December 18, 2018

your child up at 3:15 p.m. by coming into the and getting your child.**
email of any arrangements other than you g your own child.
Riverside School.
ed on your cell phone on practice and gamenessage:
Email
Cell Number

Return Registration Form and Contract along with the \$40 registration fee, and Release Form.

BASKETBALL RELEASE FORM **WINTER 2019**

I understand there are certain risks inherent in the participation in sports, and I am willing to assume these risks. In addition, to giving full consent for my child's participation, I do hereby waive, release and hold harmless Riverside School, it's officers, coaches, and employees for an injury that may be suffered by my child in the normal course of the participation of the basketball activities incidental thereto, whether the results of negligence or any other cause.

Parent/Guardian:	Date:
I hereby give my permission for any and all medi	ical attention necessary to be administered to my child,
Child's Name	Date of Birth
as I may be contacted, this release is effective for	der the direction of the person(s) listed below, until such time a period of one year from the date given below. I also assume atment, including, but not limited to transportation for required
Parent/Guardian:	Relationship:
Address:	
Home Phone:	Work Phone:
Cell Phone:	E-Mail:
Name of Insurance Company:	
Agent:	Policy #:
In case I cannot be reached, I give permission to behalf.	the Coach, Team Parent, or School Designee, to act on my
In case I cannot be reached, please call	at
	Phone:
Address:	
	Hospital:
Known Allergies:	
Other Important Medical Information:	
Signature of Parent/Guardian:	