



DeSales Catholic School

Challenged by Faith. Inspired by Knowledge.

2010 CO-ED INTRAMURAL BASKETBALL

The 2010 Intramural season is just a few short weeks away. We anticipate games to begin mid March on Sundays, and will run through April. New this year, play will include 1st graders. The first and 2nd grade division will utilize our new adjustable 8' baskets. This year's fee is expected to be \$20 for the first child, and \$15 for the second and additional family members. We also know that:

- ✓ 6 game schedule
- ✓ Games at DeSales on Sundays
- ✓ Teams will be group by grade
- ✓ Every effort made to break teams up evenly
- ✓ Play is meant to help develop capability and generate interest
- ✓ Fee includes game t-shirt, participation trophy and pizza party

As with most activities we rely on the support of our family volunteers. If you have the desire to support the program, you can express your interest by filling out the required information on the Registration & Parent Permission Form.

Please fill out the attached Registration & Parent Permission for Sports Participation form. A current Medical Release form is also required. Practices will begin shortly. If there are any questions please feel free to contact Mike Connolly at mikeconnolly@roadrunner.com or by calling 696-2720.

Thank you!



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REGISTRATION & PARENT PERMISSION FOR SPORTS PARTICIPATION

Student Name: _____ Grade: _____

Student Homeroom: _____

Name of Parent / Guardian(s): _____

Address: _____ Email: _____

Home Tel: _____ Work Tel: _____ Cell: _____

_____ has my permission to participate in Intramural Basketball during the school year 2010. He/she will be expected to attend all scheduled practices and games.

Please circle your child's shirt size:

Children 6-8 10-12 14-16 Adult S M L XL

If you would like to coach a team or referee, please indicate: **Coach / Referee**

Name: _____ Phone: _____

In case of an emergency and I cannot be reached, call:

Name: _____ Phone: _____

Relationship to student: _____

Or

Name: _____ Phone: _____

Relationship to student: _____

If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician.

My child has received a medical release to participate in basketball and he/she has been in good health since, having no accidents or major illness.

Please complete a Sports Medical Release Form (Unless one has been submitted and on file for the current academic year).

Parent Signature: _____ Date: _____