



# DeSales Catholic School

*The Start of Something Great.*

## 2011 CO-ED INTRAMURAL BASKETBALL

The 2011 Intramural season is just a few short weeks away. We anticipate games to begin in March, and will run to mid-April. We need registrations now! (with payment), Play is opened for grades K- 4. This year's fee is \$10 which covers the cost for the year-end pizza party and participation trophy. Also:

- ✓ 6 game schedule
- ✓ Games at DeSales (traditionally on Sundays but considering move)
- ✓ 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 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 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](mailto: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 2010-2011.

If you would like to coach 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: \_\_\_\_\_