

ST. ALOYSIUS



Attention St. A's 5th – 8th Graders: Basketball is coming! XC is here now to get in shape

Are you serious about basketball? Do you want to **HAVE FUN**?
That's Rule #1 of basketball.



Who: 5th - 8th Grader BOYS & GIRLS (4th ok too if ready)
What: Basketball Training prep for the season
Where: The Gym – walk in is at 2:35p (not earlier)
When: See Dates Below 2:35p – 3:45p (pick-up in gym)
Why: Have Fun Playing Basketball Seriously
WHY 2: If you plan on playing for St. A's team ...
How: Coaches Mr. Lasky & Mr. Rubin

Dates: FRIDAY October 20, 27, NOVEMBER 3, 10
+ Wed & Thur Nov 15 & 16 (conference days) 11:45a-2p
Why Fridays? **So you can** (hint hint) **run XC** or play VB, too

Bring: Sneakers, gym uniforms (or shorts, t-shirt quickly changed into), a smile
Preparation: Put Serious Effort Into: Listening, Learning, Having Fun
RUN ON THE XC TEAM – seriously. Please. No more hints. You should be running.

Who Should Join Us: If you love basketball or want to learn to love basketball; If you are prepared to work hard, listen and learn, and have fun with basketball; If you're ready to begin the path to playing on the St. A's Varsity or Junior Varsity Basketball Teams (there are no tryouts, so this is your chance to begin learning and show us what you can do).



Cost: \$100 all proceeds go to St. A's. Please make checks payable to St. Aloysius School HSA. Deadline: October 20

Questions: sportstv@aol.com (Harvey Rubin) 203-249-8284 cell

Registration forms available on the wall/table near the school office

St. A's Basketball Registration & Authorization Form

Player Name _____ Grade: _____ Date of Birth _____

Address _____ + _____

City/State/Zip _____

Home Phone _____ Email (mother): _____

Email (father): _____

Player's Cell _____ Email (player): _____

Mother's Name _____ Phone (W) _____ (Cell) _____

Father's Name _____ Phone (W) _____ (Cell) _____

PERSON TO BE NOTIFIED IN EMERGENCY _____ Phone _____

DOCTOR'S Name _____ Phone _____

Do you have any allergies or special needs? _____ ASTHMA? _____

Are you allergic to or have a problem with to Tide detergent? _____ Diabetes 1 or 2 _____ Gluten Free? _____

IF YES TO ASTHMA, PLEASE SUPPLY ONE INHALER AND COMPLETE INSTRUCTIONS FOR USE FROM YOUR DOCTOR AND PERMISSION TO ADMINISTER TREATMENT IF CONSIDERED NECESSARY.

PARENTAL WAIVER AND RELEASE

BY MY SIGNATURE, I DO HEREBY ASSUME ALL RISKS OF PERSONAL INJURY AND OTHER DAMAGE INVOLVED IN THE ACTIVITIES ASSOCIATED DIRECTLY OR INDIRECTLY WITH THE ST. ALOYSIUS SCHOOL, ST. ALOYSIUS PARISH, AND THE DIOCESE OF BRIDGEPORT AND AM AWARE OF THE SERIOUS ACCIDENTS WHICH MAY OCCUR IN THE COURSE OF SUCH ACTIVITIES. ACTING FOR MYSELF AND MY CHILD, I DO HEREBY RELEASE ST. ALOYSIUS SCHOOL, St. ALOYSIUS PARISH, THE DIOCESE OF BRIDGEPORT AND ITS COACHES, REPRESENTATIVES, AGENTS, AND ANYONE ACTING ON ITS BEHALF, AND THE OWNERS OF ANY GYM FACILITY BEING USED IN THE COURSE OF ITS ACTIVITIES, OF AND FROM ALL LIABILITY, INCLUDING CLAIMS AND SUITS AT LAW OR IN EQUITY, FOR ANY INJURY OR DAMAGE TO PERSON OR PROPERTY WHICH MAY RESULT DIRECTLY OR INDIRECTLY BY REASON OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION OR MY PARTICIPATION IN THESE ACTIVITIES. IN THE EVENT OF ANY ILLNESS OR INJURY TO MY CHILD AND AFTER AN ATTEMPT HAS BEEN MADE TO REACH THE PARENTS OR GUARDIAN OF THE CHILD (WHERE APPROPRIATE) INFORMING THEM OF SUCH INJURY ST. ALOYSIUS SCHOOL AND ITS COACHES ARE HEREBY AUTHORIZED TO CONTRACT FOR AND TO AUTHORIZE TREATMENT BY A MEDICAL DOCTOR ON MY BEHALF.

PARENTAL INSTRUCTION TO ST. ALOYSIUS SCHOOL OFFICE: HOW MY CHILD WILL END HIS/HER DAY TO STAY AFTER SCHOOL AND IMMEDIATELY PARTICIPATE IN THE BASKETBALL ACTIVITY IN THE GYM, TO BE PICKED UP AFTER PRACTICE AND/OR GAMES AT 3:45PM OR 5:30PM IN THE GYM BY A PARENT OR AUTHORIZED PERSON.

SIGNATURE OF:

PLAYER (if over 18 years old), PARENT OR GUARDIAN _____ DATE _____

Name of person signing: _____ Relationship: _____