



## Basketball Club Permission Slip | Grades 5-8

Dear Parents and Guardians,

Achieve will be again offering club basketball this year. This is an opportunity for students to become better at basketball in a structured and semi competitive environment. Sessions will include skill building games and activities as well as some scrimmage time. Club season will run from November 5<sup>th</sup> through January 4<sup>th</sup>. Club days will be separated by gender with girls practicing on Monday and Tuesdays and boys practicing on Wednesdays and Thursdays. Club practices start right after school until 5:45 pm. Please have a ride promptly at 5:45 p.m.

5-6: Monday & Tuesday

7-8: Wednesday & Thursday

Supervisor: Josh Lincoln

There is no fee from the school in order to participate, but everyone will need athletic shoes. The club time will be structured and led by staff supervisors. Club structure will include time for shoot around, modified competitive games or drills, and scrimmage time. If you have any questions about the 2018 basketball club please don't hesitate to call or email.

Thank you,  
Allen Chapdelaine  
Physical Education | Health Teacher  
651-738-4875 Ext. 314, [achapdelaine@achievemn.org](mailto:achapdelaine@achievemn.org)

*Please complete and detach and return bottom portion*

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My student \_\_\_\_\_ has a ride home from club and has my permission to join the ALA basketball club.

My student has permission to walk home after club. Yes or No

My student's participation is contingent on positive attitude and sportsmanship. (initial) \_\_\_\_\_

Two Strike Rule: After the second time my child is not picked up 15 minutes after basketball club ends they will be removed from the club. (initial) \_\_\_\_\_

Injuries are a potential at any athletic event. Coaches have a first aid kit and are able to attend to any minor injuries that may happen. However, sometimes situations arise that require medical attention above what the coaches can offer. Decisions to involve emergency services will be made by the coaches with the student's best interests in mind.

By signing this form, I agree with the above statement regarding potential student injury and involvement of medical services.

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_