

Wee Eagles K/1 Sessions & 2nd/3rd Grade Intramural Basketball

If you need to mail in payment and forms, they must be received by **October 28th**. Checks are to be made out to **Wee Eagles** and mailed to:

Keith McKeever
127 Upper Hillside Dr.
Bellbrook, OH 45305

You will not be placed on a team (2nd/3rd grade) or be able to sign up for a time (K/1 Program) until all paperwork is complete and the fee is paid.

Note: If the schools are closed due to bad weather, practices will be canceled. Saturday games and/or K/1 sessions may be canceled if all school activities are canceled for the weekend. There are **NO** make-up for sessions or games..

If you have any questions, please call Keith McKeever at 238-8379.

K/1 Sessions: Entry Fee \$25.00

- There will be 5 sessions for Kindergarten and 5 sessions for 1st graders. At each session the fundamentals of basketball will be taught: dribbling, passing, defense, and shooting.
- All sessions will be held at Stephen Bell (enter through the doors by the playground).
- **You will not be called** before the first session – just show up at the time you sign up for.
- All players will receive a t-shirt and a basketball. They will be handed out at their 1st session they attend.
- We will use 8' baskets.
- Parents are encouraged to help out and participant.
- At the director's discretion disruptive participants may be asked to take a break or sit out during the session.

K/1 session dates are: Saturday's - Nov. 3, Nov. 10, Nov. 17, Dec. 1 & Dec. 8

The time you are signed up for is: (Please circle one time)

Kindergarten 8:00 AM or 9:00 AM

1st Grade 10:00 AM or 11:00 AM

Please show up at your selected time – **NO ONE WILL CALL TO REMIND YOU.**

2nd/3rd Grade: Entry Fee \$40.00

Evaluations will be held for **GIRLS on Fri 11/2 from 6pm-7pm & Sat 11/3 from 3pm-4pm.**
BOYS on Fri 11/2 from 7pm-8pm for 2nd graders and 8pm-9pm for 3rd grade & Sat 11/3 from 12-1pm for 2nd graders and 1pm-2pm for 3rd graders. All at Stephen Bell.

Practices will be on Friday nights and some Saturday afternoons.

Games will be on Saturday afternoons and start in late December and go through the end of February.

No one is allowed to take or steal the ball from the dribbler.

We will use 9' baskets. Games will be 3 vs 3. Ball size is 28.5.

Score is not kept until the season ending tournament (end of February).

The players will receive revisable jerseys to keep. At the end of the season, they will have a pizza party where awards will be handed out.

Wee Eagles K-3rd Grade Intramural Basketball Program

CIRCLE: CIRCLE:

PLAYER'S NAME _____ Grade: **K 1 2 3 GIRL BOY**
2nd/3rd Grade only: HT: _____ WT: _____

ADDRESS (INCLUDE CITY) _____

PHONE NUMBER _____ PARENT'S NAMES _____

EMAIL ADDRESS (not to be used for soliciting or for resale to 3rd parties): _____

INDICATE T-SHIRT SIZE (IF NO SIZE IS CIRCLED, YM WILL BE ORDERED):
YS YM YL AS AM

I hereby give my permission for _____ to participate in the Wee Eagles Program and he/she will abide by all the rules of the program. The "Bellbrook Wee Eagles Inc." and its agents, in consideration of the services provided by it to myself/ourselves/and my/our child are released from all actions, claims, damages, and demands which may arise from my/our child's participation in any Bellbrook Wee Eagles Program.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE _____

2nd / 3rd GRADE LEAGUES ONLY:

Indicate the volunteer activity that you would be willing to assist with.

HEAD COACH _____ T-shirt size (circle one): L XL XXL
Email Address _____

ASST COACH _____ T-shirt size (Circle one): L XL XXL
Email Address _____

NO REQUESTS TAKEN TO BE ON A CERTAIN COACHES TEAM OR FOR CAR POOLING REASONS TO BE ON SAME TEAM. However, exception can be made as an assistant coach.

GAME DAY COORDINATOR _____

END OF SEASON PARTY HELPER _____

How many seasons of **organized basketball leagues** has the player participated in? _____

Where was the league? (Don't include Bellbrook K/1 program) _____

Name of sibling(s) who are playing (so they are on the same team) _____

PARENTAL INSTRUCTIONS CONCERNING MEDICAL TREATMENT

2ND / 3RD GRADE LEAGUES ONLY:

Participant's Name: _____ Date of Birth: _____

Parents/Guardians: _____

Address: _____ City/State/Zip Code: _____

Phone: Cell: _____ - _____ Home: _____ - _____

EMAIL ADDRESS (for coach's correspondence): _____

Is your child on medication: Yes No

If yes, list medications: _____

Drug Sensitivities and allergies: _____

List any physical impairments, hospitalizations, injury, and blackouts during competition, athletic participation restrictions, surgery, or serious medical illnesses your child has had:

**Please read the alternative statements below, and sign under the one that you choose.
DO NOT SIGN MORE THAN ONE!**

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are performed, unless immediate treatment is necessary to save his/her life or to prevent injury.

SIGNATURE OF PARENT/GAURDIAN: _____ DATE: _____

1. If my child needs medical treatment while participating, it is my wish that the treatment be begun while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts will continue to contact me. I accept responsibility for all costs related to such treatment.

SIGNATURE OF PARENT/GAURDIAN: _____ DATE: _____