



BUCCS BOYS BASKETBALL 5th & 6th

Dear Parents:

Re: Covington 5th & 6th grade boys intramural basketball/Five Star Basketball League

We are excited to start another season of Covington Buccs Basketball. Cost for participation in 5th & 6th grade basketball is **\$50**. We offer two options to participate. You will need to choose one of the following options:

Option 1: Intramural practice (2-3 x a week from Nov. – Feb.) learning the fundamentals of basketball.

Option 2: Intramural practice mentioned above, as well as participating in the Five Star Basketball League, playing games against other schools on Sunday afternoons, beginning Sun Dec. 5th. 5th grade games are at 1 PM and 6th grade games are at approximately 2:30 PM.

Note: This option may include your son not going to every game, also equal playing time is not guaranteed. In the event that we receive a very large turnout, other options may be used to determine size of the team etc.

Please turn in the registration form/medical release and payment of **\$50 at the parent meeting / registration on **Wednesday Oct. 27th 7:00 pm** in the **GYM at the High School**.** Contact Dean Maxson with any questions at (937) 214-3260.

Sincerely,

Matt Gibbins

Head Basketball Coach

Dean Maxson – Asst. Boys BBK Coach

5 Star Boys Basketball Director

****\$50** payable to Covington Basketball due with registration form/medical release – must be turned in, **prior** to your son practicing.

No release – no practice – no exceptions!

“GO BUCCS”

5th & 6th Grade Boys Basketball
Registration Form & Medical Release

Player's Name _____ Grade _____

Address _____ City _____ Zip _____

Email Address _____

Player's Phone # _____ Check if you can receive texts _____

Pertinent Medical Information:

Mother's Name _____ Cell # _____ Check if you can receive texts _____

Father's Name _____ Cell # _____ Check if you can receive texts _____

UNIFORMS

Shooting Shirt YM YL YXL AS AM AL AXL

PARENT PERMIT FOR ATHLETIC PARTICIPATION

I hereby grant permission for my son, _____ to participate in the 5th & 6th grade intramural basketball program. Check **one** option below:

_____ **Option 1:** Intramural practice only _____ **Option 2:** Intramural practice in addition to participation in the Five Star Basketball League

I understand that participation in the Five Star Basketball League does not guarantee my son playing time during the games against other schools.

Parent Signature _____ Date

Medical Release

-One of the following statements MUST be answered in the affirmative to complete this permit:

___ YES, I have adequate insurance to cover medical expenses, if needed.

___ YES, I will assume all responsibilities for medical expenses without the benefit of insurance.

I hereby give consent for the coaches or school officials of the Covington Exempted Village Schools to secure treatment at the best available hospital in case of injury. We further give consent for the hospital officials or doctors in charge to take necessary action until such a time as I am able to contact them.

Parent Signature _____ Date

"GO BUCCS"