



St. Michael School

80 Maple Avenue
North Andover, MA 01845
(978) 688-9181



CALLING ALL BASKETBALL PLAYERS IN GRADES K-4! JOIN US FOR SOME BASKETBALL FUN - ALL ARE WELCOME

The season for grades 1-4 will be starting on **Saturday, November 12.** Times slots for practices have not yet been determined but the schedule is as follows:

Saturday 11/12
Saturday 12/10
Saturday 1/21
Saturday 2/11
Saturday 3/10

Saturday 11/18
Saturday 1/7
Saturday 1/28
Saturday 2/18

Saturday, 12/3
Saturday 1/14
Saturday 2/4
Saturday 3/3

Kindergarten session will begin January 7, 2011

Attached you will find a Registration Form to be filled out and returned by September 30, 2011 to Sue Rogge in the office. Information regarding the season for KINDERGARTEN will be forwarded shortly.

The fee for the Grade 1-4 program remains \$40 per child and the fee for the Kindergarten program is \$30. These fees **do not include** the basketball shirt (same price as last year). We will only be making one shirt order this year, so if you do not order a shirt by October 15, 2011, you will not be able to later on. This is no problem, because students can always wear their gym shirts.

The time that each grade will be playing will be announced when the registration forms are all in and counted. The Program has the gym on **Saturdays from 8:30am to 4:00pm.**

In addition to their practices, we expect that all the children will have the opportunity to participate in a basketball clinic at Merrimack College at a date which is still to be determined. The 3rd graders will have in-house games and have a special opportunity to play a scrimmage during a half time of a game at Merrimack College during their season. The 4th graders occasionally compete against other local catholic schools (may include several weeknights over the course of the season) and participate in a tournament at the end of the year.

We hope all those who helped out last year (i.e. coaching) will consider doing so again this year. If you are interested in helping out this year, please fill out the attached form. We are always looking for more help! Come out and have a great time with the kids!

Please be aware that there is scholarship money for those families unable to bear the cost of the registration fee. Contact the school for more information.

If you have any questions or comments, please do not hesitate to contact Frank Kirby at 978-687-4628 or frankkirby@verizon.net. We're looking forward to another great season!

Thanks and see you on the court!



BASKETBALL FOR GRADES KINDERGATEN - GRADE 4

Yes, sign my child up for Basketball. All forms have been read and completed.

Student Name: _____ Grade/Homeroom _____

Parent E-Mail: _____

SELECT ONE

- I completed an Athletic Health Form and it is on file at the school.
- I have attached a completed Athletic Health Form.
- I have submitted a current physician exam and it is on file at the school.

I have enclosed the Gr. 1-4 - \$40 registration fee (shirt not included) \$ _____

I have enclosed the K Reg Fee - \$30 registration fee (shirt not included) \$ _____

I need to **purchase** a uniform shirt for \$18 (**NOT** mandatory). \$ _____

PLEASE NOTE, NO SHIRTS WILL BE ORDERED AFTER OCTOBER 15

Shirt Size: Youth Small Youth Medium Adult Small Adult Medium

My player already has a shirt from last year; shirt number is _____

TOTAL AMOUNT ENCLOSED \$ _____

(don't forget the additional shirt fee if applicable)

Please complete this form, the medical form and the emergency form and include fees and return to the school by **September 30, 2011**.

Can you help? We definitely need adult helpers. Please consider volunteering!!!!

I would like to help as a Assistant coach Helper

Parent Name _____ Phone _____

I have done the following: Protecting God's Children Workshop CORI

St. Michael School – 80 Maple Avenue - N. Andover, MA 01845

Emergency Form for Grades K - 4

Please complete the registration form, emergency form, health form and enclose the appropriate fees to register your child for St. Michael's Basketball Program and return to the school (attention Sue Rogge) by **September 30, 2011**. Checks can be made out to St. Michael School.

Student's Name: _____ **Grade (include homeroom):** _____

Street: _____ **City:** _____ **Zip:** _____

DOB: _____ **Home Phone** _____ **Cell Phone** _____

Parent(s) names: _____

Email Address(es): _____

In Case of an emergency, contact (if an emergency arises we will contact the parent's home/work first. Please put someone other than you in this section – a neighbor, grandparent, relative etc)

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

HEALTH INFORMATION

Health Insurance Co: _____ **Policy #:** _____

Physician: _____ **Phone #:** _____

Dentist: _____ **Phone #:** _____

Optometrist: _____ **Phone #:** _____

I on my behalf, individually and as parent/guardian of my child and on behalf of my child, our heirs, executors and administrators, hereby release and forever discharge the Roman Catholic Archbishop of Boston, a Corporation Sole, its agents, servants, employees, coaches, assistant coaches, principals, teachers, instructors, volunteers and priests and each such person's agents, representatives, successors or assigns from any and all claims and for personal injury or property damages which I, individually and as parent/guardian of my child and on behalf of my child, may have arising out of or in any way related to the aforementioned field trip, activity or event. I also state that I am not aware of any health reasons which would prohibit or limit my child's participation in this field trip, activity or event. I, as the parent or guardian of the above name student, authorize the staff and personnel of Saint Michael School to treat my son or daughter in case of emergency. Further, I release the staff and personnel of Saint Michael School from any act or omission conducted in the course of rendering such care to my child. In the event of an emergency, children will be taken to the nearest hospital, unless otherwise notified. I give St. Michael School permission to publish my name/photo in school newsletters and web site.

I certify that the above name child is in good general health and able to participate in competitive activities and that a current up-to-date health form is on file at the school.

Signature of Parent/Guardian: _____

All students not picked up after practice will be walked to the Parish Center. In the event that I am unable to pick-up my child after games or practices, I authorize the following people to transport my child:

Name Phone

Name Phone