

Activity Name: 3rd-5th Grade Basketball Skills Clinic

Objective: The Boys' Varsity Basketball Team and coaches will be providing a fun environment for your child to become physically active while having fun, developing their skills, and developing team building and good sportsmanship traits while making some new friends.

Location: 535 Building. - William D. Winters Gymnasium.

Dates and Times: Saturday, September 17th. The clinic will run from 9:00am until 1:00pm.

Uniform: Wear sneakers. Please understand that skirts, jumpers, and dress shoes are a safety issue and are not appropriate attire. Students wearing these items may be excluded from participation.

Essentials: A water bottle, snack, and any necessary safety equipment.

Participation Fee: \$25.00. Please make your check or money order payable to CCS.

Registration: The permission slip below must be completed and is mandatory for registration and attendance. Return it with the participation fee by the due date to CCS, attention: Mr. Harkins, 515.

Due Date: Thursday, September 15th.

Lottery Info: Space is limited. A participation lottery will be held if necessary. (Properly completed forms only.)

Notification: Individual confirmation of registration into this program is not provided. A roster will be posted listing participants. Please check CCS's Athletics webpage at <http://www.collegiumcharter.com/activities/athletics.php> one week following due date to see if your child is registered.

Refunds: Your fee and registration form will be returned to you if your child is not selected via the lottery. In addition, if not selected for this activity, your child will have priority registration for their next intramural activity this school year provided a permission slip is completed properly and submitted on time with the required fee. No other refunds.

Questions: Contact Mr. Matt McCain, CCS Athletic Director, at mmccain@ccs.us, or call 610-903-1300 ext. 6614.
 (Please detach, return lower section to CCS and keep the top portion for reference.)

In such case as I cannot be reached, I authorize the CCS employee to arrange for any necessary medical treatment. I understand that the rules and regulations of the CCS Student Code of Conduct are applicable and enforceable during all Collegium activities.

Student's Name: _____ Parent Name: _____ Grade: _____
 Parent's Contact During Event: _____ Email: _____
 Emergency Contact Name and Phone Number: _____
 Any Known Medical Conditions or Allergies: _____

- I give permission for my child to participate in the **3rd-5th Grade Basketball Skills Clinic**.
- I have enclosed the **\$25** participation fee for this program. Check/Money Order payable to "CCS".
- I will pick up my child by **1:00pm at the 535 Building Gym (535 James Hance Court)**.

 (Printed) Parent Name

 Parent Signature