



Birchland Elementary School

1331 Fraser Avenue, Port Coquitlam, BC V3B 1M5

Phone: 604-941-3428 Fax: 604-937-8004

www.sd43.bc.ca/school/birchland

birchland@sd43.bc.ca

Mr. Mike Gordon, *Principal*

January 11, 2017

BOYS AND GIRLS GRADE 5 BASKETBALL

Dear Parents/Guardians,

Your child has expressed interest in taking part in our extra-curricular basketball program. The intentions of this team are to build skills in the game of basketball, improve physical fitness and to HAVE FUN in a safe and encouraging environment.

In order for your child to participate, it is essential that the expectations below be reviewed and agreed to by both you and your child. Please take the time to read through this with your child and return Page 2 of this form indicating your support.

- 1) Practices will be held on:
 - a. Tuesday's from 2:55 to 4:00 (starting Jan 17th)
 - b. Thursday's from 12:10 to 12:40 (starting Jan 19th)
- 2) Students are to eat their lunch in their classrooms before practice on Thursdays.
- 3) Students **MUST** be dressed appropriately for practice. Proper shoes are mandatory for their participation.
- 4) Students must use respectful and sportsmanlike language and behaviour at all times. This applies when they are relating to coaches, teammates or members of an opposing team.

We will be practicing throughout February and into March. Details of inter-school games are yet to be solidified. A tournament will be held at Minnekahda in early March, on a yet to be determined date. If you have any questions please contact Mr. Cummings at by e-mail (dcummings@sd43.bc.ca) or phone 604-941-3428.

Sincerely,

Mr. D. Cummings

Mr. C. Sung

See over →



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BASKETBALL PROGRAM PERMISSION FORM

TO BE RETURNED BEFORE YOUR CHILD'S NEXT PRACTICE

I give my child, _____, permission to take part in the basketball program as defined on page 1. I have reviewed the expectations with my child and he/she is clear of the responsibilities attached to playing on the team.

While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of activities and may occur without fault on the part of the student, school board, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity you are agreeing that the activity described on page 1 is suitable for your child and that there is a risk of injury associated with the activity.

I am NOT aware of any physical health issues that would prevent his/her full participation in this program and understand that continued participation is dependent upon my child following the expectations as stated above.

My child and I understand that both the district and school's Code of Conduct applies during the basketball season.

Student Signature _____ Division/Teacher _____

Parent Signature _____ Date _____

*** Please return to Mr. Cummings or Mrs. Williamson in the office ***