

2011 – 2012
Wee Eagles Intramural Basketball

If you need to mail in payment and forms, they must be received **BY NOVEMBER 1st.** Checks are to be made out to **Wee Eagles** and mail 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 cancelled. Saturday games and/or K/1 sessions may be cancelled, if all school activities are cancelled for the weekend. There are NO make-up games or sessions.

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

K/1 instructional sessions – cost \$25

- 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.
- The players will receive t-shirts and basketballs. They will be handed out as soon as they come in.
- We will use 8' baskets.

K/1 session dates are: Saturday's: Nov. 5th, Nov. 12th, Nov. 19th, Dec. 3rd & SUNDAY Dec. 4th
The time you are signed up for is:

Kindergarten	8:00 AM	or	9:00 AM
1 st grade	10:00 AM	or	11:00 AM

Please show up at those times – no one will call to remind you.

2nd and 3rd grade leagues – cost \$35

- Practices will be held at Stephen Bell Elementary School, beginning in November. **Your coach will call.** Practices will start the 1st or 2nd week of November.
- Games will start in December and go through the end of February, at Stephen Bell.
- **No one is allowed to take or steal the ball from the dribbler.**
- We will use 9' baskets. Games will be 4 V 4. Ball size is 28.5
- Score is not kept until the season ending tournament (end of February).
- The players will receive t-shirts. At the end of the season, they will have a pizza party where awards will be handed out.

Updated 10/10/11

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

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

PARENTAL INSTRUCTIONS CONCERNING MEDICAL TREATMENT
2ND/3RD GRADE LEAGUE ONLY

Participant's Name:	
Date of Birth:	
Parents/Guardians:	
Address:	
City/State/ZipCode:	
Home Phone: _____ - _____	Work Phone: _____ - _____

Is your child on medication: Yes No

If yes, list medications: _____

Drug Sensitivities and Allergies: _____

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

Insurance company: _____ Policy Number _____

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 life or prevent permanent injury.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

2. 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/GUARDIAN: _____ DATE: _____