

# FAIRVIEW RECREATION

GIRLS BASKETBALL

GRADES 4, 5 and 6

## PRACTICE DATES

Thursday, November 12

Thursday, November 19

Thursday, December 3

Thursday, December 10

Thursday, December 17

Thursday, January 7

Thursday, January 14

Thursday, January 21

Thursday, January 28

Thursday, February 4

Thursday, February 11

Thursday, February 18

Thursday, February 25



All practices will be held at Fairview School (6500 West Kinnickinnic River Parkway) from 2:45p.m. to 4:15p.m. in the school gym. Please refer to participation requirements printed on the back side of this sheet. If you have any questions, please see Mrs. LaCroix at Fairview.

REGISTRATION FEE: \$26.00 PER PLAYER  
(Check or money order payable to Fairview School.)

**ATTENTION PARENTS!**

Please keep this calendar of dates for your reference!

# FAIRVIEW RECREATION

## Participation Requirements

All participants **MUST** exhibit good sportsmanship and follow school rules. Your child may be expelled from the Fairview recreation program if he/she is unable to show good sportsmanship or follow school rules.

All participants **MUST** have a "C" average at registration time. Participants **MUST** maintain the "C" average at the mid – term Progress Report or they will **NOT** be allowed to "suit – up" or compete with their team. (At that point, your child will be allowed to practice **ONLY** until the next Progress Report shows a "C" average.)

All participants **MUST** treat their coaches, teammates and officials with respect. They will represent themselves, their families and their school with honor and integrity. Your child may be expelled from the Fairview recreation program if he/she is unable to treat their coaches, teammates and officials with respect.

If your child has been suspended from school, he/she **MUST** be reinstated no later than Friday to be eligible for participation in league games.

Your child may be suspended from participation at Administrator's discretion.

Please call if you have questions.

Mrs. LaCroix  
Recreation Coordinator  
546 – 7700

Return registration form to school no later than Monday, November 2.

## FAIRVIEW RECREATION

### GIRLS BASKETBALL GRADES 4, 5 and 6

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

GRADE: \_\_\_\_\_

ROOM: \_\_\_\_\_

Permission is granted for my daughter to participate in the above activity as conducted by the MPS Recreation Division. I agree that if a health condition exists which would limit her participation in this activity, I will notify the Recreation Division. I enclose the \$26.00 registration fee.

## EMERGENCY/PARENTAL CONSENT FORM

Please list any medical condition that could affect your child's participation in this activity:

Please list any medications your child is currently taking:

Please list two persons we can contact in case of an emergency:

\_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

- \* I give my consent for the Fairview coaches to use their own judgment in securing medical aid or ambulance service in case emergency contact persons cannot be reached.
- \* I understand that my child **MUST** adhere to the Fairview Recreation Participation Requirements shown on the back side of the calendar of practice dates.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_