



After School Basketball



Place: WESTOVER ES

Day/Dates: MONDAYS FEB 9, 23 MAR 2, 9, 16, 23

Time: 4pm – 5pm

Who: Students in Grades / 1st – 5th

Cost: \$70

Registration: Zelle Payment To: | 2404265004 | Email This form to: 1uphandles@gmail.com |

Registration: Venmo Payment To: | @Kevin-Thompson-51 | Email This form to: 1uphandles@gmail.com |

Location: School Gym

Contact #/ Email: Kevin (240) 426-5004 or 1uphandles@gmail.com (Questions)

Special Note: Minimum of 10 participants

Dismissal: KAH, Car Rider, Walker (Please Circle One)

Registration Information

Participant Name: _____

Teacher: _____ Grade: _____ School: WES

Address: _____

City: _____ State: _____

Home Phone #: _____

Cell Phone #: _____

Parent/Guardian: _____

Email: _____

Emergency Contact: _____

Phone #: _____

Relationship: _____

Special Needs/Health Concerns: _____

Parental Policy Agreement

I hereby certify that my child is in normal health, covered by medical insurance, and capable of safe participation in After School Basketball by 1 Up Handles Inc. Any Special needs or health conditions have been stated. The organizers and staff are not responsible for any damage or injury incidental to the conduct of this program. I hereby authorize the 1 Up Handles Inc. staff to obtain medical treatment for my child in the event that parent/guardian or emergency contact cannot be reached.

Signature of Parent/Guardian: _____

(These materials are neither sponsored nor endorsed by the Board of Education of Montgomery County, the superintendent, or this school)