



## After School Basketball



**Place:** WESTOVER ES

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

**Time:** 4pm – 5pm

**Who:** Students in Grades / 1<sup>st</sup> – 5<sup>th</sup>

**Cost:** \$70

**Registration:** Zelle Payment To: | 2404265004 | Email This form to: [luphandles@gmail.com](mailto:luphandles@gmail.com) |

**Registration:** Venmo Payment To: | @Kevin-Thompson-51 | Email This form to: [luphandles@gmail.com](mailto:luphandles@gmail.com) |

**Location:** School Gym

**Contact #/ Email:** Kevin (240) 426-5004 or [luphandles@gmail.com](mailto:luphandles@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)