



- Place:** WESTOVER ES
- Day/Dates:** MONDAYS APRIL 15, 29 MAY 6, 13, 20 JUNE 3
- Time:** 4pm – 5pm
- Who:** Students in Grades / 1st - 5th
- Cost:** \$70
- Registration:** Zelle Payment To: | 2404265004 | Email This form to: luphandles@gmail.com |
- Registration:** Venmo Payment To: | @Kevin-Thompson-51 | Email This form to: luphandles@gmail.com |
- Location:** School Gym
- Contact #/ Email:** Kevin (240) 426-5004 or 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)