



WRENTHAM PUBLIC SCHOOLS
AFTER SCHOOL BASKETBALL PROGRAM

The *Wrentham Public Schools After School Basketball Program* for boys and girls will start in January, 2019. Games will take place on Tuesdays, Wednesdays and/or Fridays, from 2:55 pm until 5:00 pm. Your child will not have a game every day. ***Please check the schedule that will be sent home in the near future.*** It is fine to miss games. We realize that the children have other commitments and cannot make every game. This is only an intramural league. *Team schedules will be posted on the school's website at www.wrentham.k12.ma.us.*

Sneakers are required of all children taking part in the program. Any questions regarding the program should be directed to Mrs. Jodi Fownes, Mrs. Heather Fox or Mr. Adam Moon (508-384-5430). Please do not contact the school's administration or classroom teachers for information. Please complete the attached permission slip.

RULES GOVERNING THE AFTER SCHOOL BASKETBALL PROGRAM

1. There is a \$75.00 registration fee for all children participating in the program, and the fee must be paid prior to your child's participation in the program. Please make checks payable to the Wrentham Public Schools. No child will be denied access to the program based on financial constraints. Please contact the Directors for more information/assistance.
2. There are no tryouts. All children in Grades 4, 5 and 6 in the Wrentham Elementary Schools will be placed on teams by the Directors. The Directors will do their best to ensure the teams are evenly divided.
3. The purpose of the program is to acquaint the children with fundamental basketball skills and to introduce the children to competition under proper adult supervision. The program will be of the no-cut variety and all children will play.
4. The games will consist of four periods with each child on a team required to play at *least* two periods per game and to sit out at least one period. Exceptions to this rule can only be made by the Directors. It will be up to the team captains to enforce this and failure to do so will result in a forfeit.
5. For the most part, league rules will follow those set down by the International Association of Approved Basketball Officials which are in force during high school games. Children's behavior, both on and off the court, should be exemplary at all times, and the Directors will be in charge of games at all times.
6. Children will be allowed five fouls per game and will be removed after the fifth foul. Players involved in fighting, misconduct, etc., will be removed from the league.
7. Each team should be dressed and ready to play **ten minutes** before the game is scheduled to start. Children should leave the school area immediately after their game unless they choose

to remain and behave as orderly spectators. They are not allowed to go back to their classroom or leave the gym without permission from the Directors.

8. The program is being run for the benefit of the children of the town and how they behave will reflect on the Wrentham Public Schools. Captains will be in charge of their teams and members will follow their example and leadership.
9. Please note that children who are absent from school on the day of any game will not be allowed to play on that day and/or evening. (See Directors for exceptions.)
10. Parents are responsible for transportation to and from the program. Please note what time your child's game ends so that you can pick him/her up in a timely manner. ***Teams can not be formed based on carpool needs.***
11. Championship games will be played at the Delaney School in the Albert E. Gibbons Gymnasium, in March, in the evening. The date of these games will be determined at a later time.
12. ****Games will start in January, 2019. There will be a practice session for Boys on Tuesday, December 18, 2018, from 2:55 – 4:00 in the Gibbons Gym. There will be a practice session for Girls on Wednesday, December 19, 2018 from 2:55 – 4:00 in the Roderick Cafeteria. These practices are **not mandatory**. We will go over rules and use this time to develop even teams.****

All games will be held in the Albert E. Gibbons Gymnasium unless otherwise noted.

Directors: Mrs. Jodi Fownes, Mrs. Heather Fox, and Mr. Adam Moon.





**AFTER SCHOOL BASKETBALL
REGISTRATION FORM**

My child, _____, has my permission to participate in the Wrentham After School Basketball program.

Contact information:

Phone: _____ Email: _____

Teacher: _____

Parent Name/Person responsible for pick up: _____

Please check appropriate boxes:

Boys' Basketball Girls' Basketball

4th Grade 5th Grade 6th Grade

Please rate your child's abilities:

Never played before Beginner Average Above Average

Is your child on any other basketball teams this season? Yes No

If yes, please explain:

Are there any special circumstances you would like to bring to the Directors' attention to make the season successful for your child?

I agree not to hold the Wrentham After School Basketball Program nor anyone associated with the Wrentham After School Basketball Program responsible for any athletic, dental, or bodily injury incurred before, during or after this program. The applicant is in good health and is able to participate in rigorous, physical activity and is covered by medical insurance. In case of medical or dental emergency, I understand every attempt will be made to contact me. If I cannot be reached, I hereby give permission to the nurse, physician, or dentist selected by the staff to secure medical treatment that they deem necessary for my child.

Signature of Parent/Guardian

Date

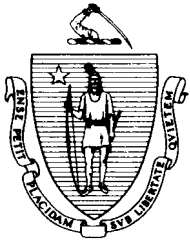
Please return this slip to school by Friday, December 14, 2018.

Make \$75 checks payable to: WRENTHAM PUBLIC SCHOOLS

*Team shirts will be given to the players. They will be allowed to keep them at the end of the season.

*****All t-shirts are ADULT sizes. Please circle the correct size for your child.*****

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The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

**PRE-PARTICIPATION HEAD
 INJURY/CONCUSSION REPORTING FORM
 FOR EXTRACURRICULAR ACTIVITIES**

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, *prior* to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s) After School Basketball	
Home Address			Telephone

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____ No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as *headache, difficulty concentrating, fatigue*) for most recent concussion: _____

Parent/Guardian:

Name: _____ Signature/Date _____
 (Please print)

Student Athlete:

Signature/Date _____