



2018 SEASON 2 BASKETBALL COMPETITION Years 3 – 7

Thursday, 21st June, 2018

Dear Parents,

Your child has expressed interest in playing basketball at Titanium Arena (44A Crittenden Rd., Findon) in Term 3 and 4 of 2018. The teams will be entered in the U/9, U/10, U/11, U12 & U/13 age group competitions and games will be held after school; the U/10's and 12's will be held on a Tuesday and U/9's, 11's and 13's on Fridays.

Each team will require at least one person to coach and another to act as team manager. A number of helpers for each team will be required as we will also need people to score. It is important that we fill these roles so that we are able to nominate the team. If you are able to help in anyway please indicate on the QKR registration form. All volunteers must have a current Catholic School Police clearance. **Teams will not be entered into the competition if these roles are not filled or if we do not have enough players.**

The playing uniform will be the school sports shorts and a basketball top with numbers will be supplied. The cost will be \$40 per season and please note there **will not be any refunds** once the team has been nominated. There will be an additional door fee per game which you will need to pay to the centre.

Registration must be completed **by Wednesday, July 4th 2018** through the QKR app.

Registration and Payment

To register / pay for this event you will be required to download QKR app.

Once you have the app please go to the menu page to complete the payment and registration process.

If you have any queries please contact the front office.

Regards,
Kristen Victory
Sports Coordinator

EMERGENCY CONTACT, MEDICAL AND PERMISSION
INFORMATION FOR SCHOOL SPORTS 2017
BASKETBALL



Please fill in the below details for your child's sporting team coach. This information will assist them in their role and the information will be treated in the strictest confidence.

CHILD'S NAMEDOB.....

ADDRESS.....POSTCODE.....

EMAIL ADDRESS.....CLASS.....

1st CONTACT NAME RELATIONSHIP TO CHILD

CONTACT #.....

2ND CONTACT NAME RELATIONSHIP TO CHILD

CONTACT #.....

3RD CONTACT NAME RELATIONSHIP TO CHILD

CONTACT #.....

MEDICAL ISSUES / CONCERNS

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MEDICATION / TREATMENT

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Please attach additional information if insufficient space has been provided.

PERMISSION

- I am **able / unable** to help with my child's team. in the following role/s (please circle):
Coach Scoring Team Manager
- I give my permission for my child to attend scheduled practices and games.
- I am aware that this form will be passed onto my child's coach and I give permission for the coach / team manager to take any medical action deemed necessary in my absence and I will take responsibility for the payment of that action.
- I am aware that it is my responsibility to organise transportation for my child to and from practices and games.
- I am aware that the charged of \$35.00 is non refundable.

Parent / Carer Name.....Signature.....