After School Basketball

1UP HANDLES

Place: CLEARSPRING ES

Day/Dates: **THURSDAYS DECEMBER** 11, 18 **JANUARY** 8, 15, 22, 29

Time: 3:30pm – 4:30pm

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

Cost: **$75**

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: **Aftercare, Car Rider, Walker** (Please Circle One)

Registration Information

Participant Name: _____
Teacher: _____ Grade: ____ School: **CES**
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)