

Basketball Open-Gym

Student Name _____ Grade _____

Homeroom _____ Phone Number in case of emergency _____

I, (print parent/guardian name) _____, allow my son or daughter,
(print student's name) _____ to attend Basketball Open-Gym on

CIRCLE ALL THAT APPLY

2:00 – 3:30 pm

NOVEMBER 4

NOVEMBER 18

NOVEMBER 25

Open-gym is directly after school. I understand that my child needs to attend school the day of the open gym. I understand my child needs a VALID physical (within 365 days of the end of the season (April)) **I understand that I am responsible for my child's transportation from the open gym and will pick up my child promptly at 3:30pm in FRONT PARKING LOT of Sebastian Middle School.** If I fail to pick up my son or daughter on time, I understand that my child may not be allowed to attend future open-gym events/tryouts.

Parent signature _____ Date _____