



LCI Fall Youth Basketball League

- Open to Boys and Girls in Grades 5 – 8
- 90 minute Sessions including skill development and games
- 11 sessions in the LCI Large and Small Gyms 9:00 am (a couple of dates may require a time change due to LCI hosting volleyball tournaments)
 - September 9, 16, 23 and 30
 - October 14, 21 and 28
 - November 4, 11, 18 and 25
 - \$120/player
- All proceeds to support the LCI Athletic Program

The goal of this program is to give young basketball players an opportunity to improve their basketball fundamental skills and knowledge of the game through age appropriate development, teamwork, enjoyment and hard work.

Registration forms will be completed at the first session on September 9th at LCI in the Large Gym or they can be downloaded from the LCI school webpage under Quicklinks. <http://lci.lethsd.ab.ca/>

Payment is available through <https://www.schoolcashonline.com/>

Players should bring appropriate clothing as well as indoor shoes and their own water bottle.



Space is limited

Please contact Chris Harris if you have any questions

chris.harris@lethsd.ab.ca



LCI collects this information under the authority of Lethbridge School District No. 51 policy and in accordance with Section 32(c) of the Freedom of Information and Protection of Privacy Act. This information will be used for registration purposes and to assist us in meeting the supervision needs of your son/daughter. If you have any questions about the collection or use or disclosure of this information, please contact: The Principal (LCI) 1701 5th Avenue South, Lethbridge, AB, T1J 0W4, or call 328-9606

LCI Youth Basketball League Registration Form

Player's Name: _____ Age: _____

Player's Alberta Health No. (OPTIONAL) _____

Date: _____ Student Signature _____

Emergency Phone Number _____ Parent Name (printed) E- _____

mail address: _____ Parent Signature _____

Behaviour Expectations

- A. Students participating in the LCI Youth Basketball League are expected to maintain an exemplary level of behavior. Students are reminded of the following:**
- players will adhere to all school rules.
 - students will respect the rules and regulations of the school in which they are visiting.

Signature of Parent/Guardian _____ Signature of Student _____

Medical Form

Due to the rigorous nature of athletic activities, the school administration recommends that students undergo a medical examination prior to participation on competitive athletic teams.
Students must return this form with either Section A or Section B completed before they will be allowed to participate.

Student's Name: _____ Telephone No. _____

Athletic Activity: _____

Section A—Medical Waiver

I consent to the participation of my son/daughter in the athletic activity named above, but see no need for a medical examination at this time.

If your child has a medical condition which the team coach should know about please describe it below. This would include such conditions as asthma, diabetes, allergies, heart condition, epilepsy etc.

Signature of Parent/Guardian _____ Signature of Student _____

Section B—Medical Examination

My son/daughter has received a medical examination, the results of which I have discussed with the physician named below. Considering the results of this examination, I consent to the participation of my child in the above name activity.

Name of Physician: _____
If your child has a medical condition which the team coach should know about please describe it below. This would include such conditions as asthma, diabetes, allergies, heart condition, epilepsy etc.

Signature of Parent/Guardian _____ Signature of Student _____