



After School Basketball



Place: CLEARSRING ES

Day/Dates: FRIDAYS DECEMBER 6, 13 JANUARY 3, 10, 17

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 |

PayPal To: | @1UpHandles | **Email This form to:** 1uphandles@gmail.com |

Location: School Gym

Contact: Kevin (240) 426-5004 or 1uphandles@gmail.com (Questions)

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)