

Our Lady of Angels Basketball 2009 / 2010 Season

Greeting OLA Families,

This school year is flying by fast and it's hard to believe that it's time for Basketball signups!!! But here we are at the end of October with the Holiday tournaments less than six weeks away.

This is the first season that the basketball forms are being made available on line as part of OLA's endeavor to go paperless. However, the Sports Club does need the following pages printed, filled out, and returned to the Sports Club box by Monday November 2nd.

This year the Sports Club is making a change to how the rosters are announced. As per PPSL rules, teams for grades 5 through 8 are assembled by skill level. This is to create more even competition in the league and have players playing with and competing against players with similar skill levels. This has come to be known as fielding an A team and a B team. As in the past, there will be evaluations of all the players in each grade, and independent evaluators and the Basketball commissioners will construct the teams.

The teams will be announced via the internet. The way this will work is that families or parents will submit an e-mail address to the Sports Club on the enclosed form, or preferably by following the instructions below. At a date and time to be decided prior to the evaluations, an e-mail that contains a link to a document on Google will be sent to families in each grade. By clicking on the link in the e-mail the family will be connected to the page for that particular grade which will list the teams. Boys and Girls teams for each grade will be listed separately. Parents that have concerns as to which team their son or daughter has been placed have the option of seeing the results prior to revealing it to the child. We hope that you agree that this is a better method of announcing the teams than what has been done in the past.

It is therefore very important that the Sports Club has an e-mail address for each family that will have a child participating in the basketball program this season. Be sure to fill in an e-mail address in the space provided on the tryout form.

The preferred method is that each family send an e-mail to olasportsclub@gmail.com. Please include your family name, and the names and grades of your children in the e-mail. There is no other information required. This will make the process of collecting the e-mail addresses of a large number of families more efficient than transcribing them off of the sign up forms. The Sports Club asks that all families follow this procedure while also filling in the e-mail address on the sign up form which will be used as a backup. It is suggested that an e-mail address that belongs to a parent be used.

We thank you for your participation in the OLA Basketball program, and in embracing the new method for announcing the teams that will help bring us zooming into the 21st century (which after all, started ten years ago....).

The OLA Basketball Commissioners

Our Lady of Angels Sports Club BASKETBALL SIGN-UP

Our Lady of Angels will enter teams in the Peninsula Parochial School League's basketball league this winter for students in 4th through 8th grades. Practices will start in November (Girls - Tuesday & Thursday / Boys- Wednesday & Friday) with games beginning shortly thereafter and continuing until mid March.

PPSL and OLA Sports Club rules/guidelines will be enforced. Submission of this application confirms that players and parents have read the Sports Club Handbook and Codes of Ethics (available at <http://www.olaschoolk8.org> under Organizations). Specifically, you should note:

Any participating student is expected to keep their OLA school team as their first priority over any other sport or activity. If a participant violates this policy, he/she may face a game suspension at the discretion of the Coach, Commissioners, and/or Athletic Director. If the student cannot make this commitment, he/she should not sign up.

In addition to the usual conflicts with other student activities, please note: Games may be scheduled on the weekend of January 2 and 3. Please take this into account when making any holiday plans.

Also note that any 4th – 7th grade player who intentionally drops from a team after the PPSL deadline to submit team commitments (November 12) will not be permitted to participate in the same sport the following year. Students in the 8th grade who intentionally drop from a team after the PPSL deadline will not be permitted to participate in any other school sport for the rest of the year.

All players will be responsible for the return of their uniforms upon the completion of the season. **Any individual who fails to return their uniform will cause their family to be billed for the replacement cost of the uniform. Our Lady of Angels School will bill these charges directly.**

Please make sure your child's completed forms are returned NO LATER than Monday, November 2nd, 2009. Late sign-ups will not be accepted.

For any questions please contact:

**Boys Commissioners: Tony Malone 219-3400; Roy Nickolai (415) 760-6584, Chris Ronan 745-6330
Girls Commissioners: Bob McGrath 576-6959; Ken Merrigan 483-2879; Victor Sobrepena 619-6250**

Child's Name: _____ Grade: _____

Email address (required) _____

Date: _____
Signature of Parent or Guardian

Uniform Size: Jersey - Youth S M L, Adult S M L Shorts - Youth S M L, Adult S M L
(circle one each)

Also, if you are interested in being a coach or team parent, please indicate your interest:
Coach: _____ Team Parent: _____

Please return this form, the attached Medical Release, and a check for the \$70.00 participation fee to the Sport's Club mailbox in the School office by Monday, November 2, 2009. Please note that the OLA Sports Club requires a \$70.00 participation fee per student for expenses such as uniforms, equipment, referees, courts/fields, and PPSL fees -- Hardship waivers should be directed to the Athletic Director, Principal, or Pastor. The "Medical Release and Authorization to Treat" form will be used in the event that it is necessary to obtain emergency medical treatment for your child.

Our Lady of Angels Sports Club

MEDICAL RELEASE AND AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent(s), or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examinations, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act or an acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required; but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the above named patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

LIST ANY RESTRICTIONS: _____

Child's Name/Grade: _____

Date: _____ Signature of Parent or Guardian

Address _____ City _____ State _____ Zip _____

Child's Birthday: _____ Last Tetanus Toxoid Booster: _____

ALLERGIES TO DRUGS OR FOOD: _____

ANY SPECIAL MEDICATIONS OR PERTINENT INFORMATION: _____

Telephone number and names of persons to contact:

Parent's Name Home Number Business Number

Emergency Contact Home Number Business Number

Family Physician: _____
Name Phone Number

Health Insurance Plan: _____
Company Name I.D. Number