

# **Little Hawks Basketball Club**

Starts: Monday, March 24th                      Ends: Friday, May 2<sup>nd</sup>

Meeting Location: SHS Little Gym

For K-5th graders

Coach: Amanda Aloysius

Monday-Thursday 4:00-5:00

*\*\*Notification of any changes will be sent via contact information provided below.*

*\*\*There's potential of split practices if the number of participants is high.*

*\*\*Completed form required before your child is allowed to attend.*

## **Player Contract/Permission Form**

**As a member of the Little Hawks Basketball Club, I agree to:**

- *Attend practices to help improve my basketball skills.*
- *Listen attentively to my coach during practices.*
- *Be respectful to my coaches and teammates at all times.*
- *Work hard during the school day in my classes.*
- *Dress in proper clothing and indoor shoes.No boots or crocs.*
- *Practice excellent sportsmanship at all times.*
- *Have a "Can do" attitude-at all times-to help my skills grow.*

**Student Name & Grade** \_\_\_\_\_

**Please select one:**

\_\_\_\_\_ **My student will be *walking home* from practice.**

\_\_\_\_\_ **My student will be *picked up* from practice.**

**I give permission for my son/daughter to participate Little Hawks Basketball Club for the 2025 season.**

**I have read and discussed the player contract with my child.**

**Parent Name** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

For additional information or questions, contact Amanda Aloysius  
(amanda.aloysius@galenanet.com).