

CEA Athletics 2018-2019

Program Registration Notice: Basketball (Developmental)

Program Name:	Basketball (Developmental)
Eligible Grades/Ages:	2 nd – 4 th Grades
Start Date:	Monday, September 10 (8 week program)
Fee:	\$150
Practice & Game Days:	Practices – Monday through Thursday, 3:00pm to 3:45pm
Try-outs:	Not required

Important program details

This developmental program is for novice players and provides an opportunity for the students to obtain experience in the sport and prepare them to play in the future. This group will not be participating in games.

Changes made to the schedule and/or any game-day updates will be sent out via text. Please ensure that the office has a correct cellular number where you may be reached.

Registration information

To register for this program, please complete the attached registration form and return it along with payment to Adrian Izquierdo in the main office no later than Wednesday, September 5. In addition, an updated Parental Consent/Medical Clearance Form must also be submitted to the office in order for any student to participate.

If you have any questions, please feel free to contact Coach Carlos Salvat at csalvat@conchitaespinosa.com.





CEA Athletics
2018-2019

Program Registration Form: Basketball (Developmental)

Student's Name: _____ Grade _____ Age _____

Teacher: _____ Birthdate: _____

Home phone: _____

Primary E-mail (please print clearly) _____

Primary Cell number for text updates _____

Shirt Size: _____ (XS, S, M, L, or XL. Please indicate if size is Youth or Adult)

WAIVER AND RELEASE: I (We) hereby give my (our) approval to my (our) child's participation in this activity and hereby, release, indemnify, and hold harmless Conchita Espinosa Academy, Inc., its staff and employees, by reason of my (our) child's participation in said program.

Parent's signature _____ Date: _____

Please return completed registration form to Adrian Izquierdo in the office along with the registration fee before the first practice.



OFFICE USE ONLY:

Date Received: _____

Payment Received: _____