

# Ashland Optimist Basketball 2017/2018

## 1<sup>st</sup> & 2<sup>nd</sup>

Keep the top half of the form and return the bottom with payment. Forms are due by October 27th, 2017. Forms can be mailed to Ashland Optimist Club, ATTN: Basketball, P.O. Box 201, Ashland, MO 65010 or returned to the Primary School Office or City Hall by Friday, October 27<sup>th</sup>. Cost is \$40.00 per child. Family costs limited to two entry fees per family. Make checks payable to Ashland Optimist Club.

1st and 2nd grade will be separated by gender, but age groups may be combined. The teams will play 3 on 3 with 9 foot baskets or less. Players of all skill levels are welcome. Emphasis will be on instruction and practice of the basic skills. Practices begin in late November with games in January and February.

Games are generally Saturday mornings, but may extend to other times as number of participants dictates and gym availability allows. Games and practices will be held in the Primary School gymnasium. Expect to be contacted by a coach after November 1<sup>st</sup>.

For questions or financial assistance contact Brandon Glascock at 424-2738 or [brandon.glascock@gmail.com](mailto:brandon.glascock@gmail.com).

If you have, any questions or concerns contact Colby Branch at (573)999-0500 or [colbybranchbball@gmail.com](mailto:colbybranchbball@gmail.com)

To register online go to:

<https://form.jotform.com/71626648472161>

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**Child's name:** \_\_\_\_\_ **Current grade:** 1<sup>st</sup> 2<sup>nd</sup>

Child's shirt size (circle one) **Youth:** S M L **Adult:** S M L XL XXL **Gender:** Male Female

**Parent's names:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

\_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Willing to coach or assistant coach?

If yes, Name \_\_\_\_\_ **Shirt size:** S M L XL XXL XXXL

I acknowledge that basketball is a sport that requires physical exertion and has some risk of injury. I have no concerns about my child's ability to handle the level of activity necessary to play basketball. The child named above has my permission to participate in the Optimist basketball program.

Parent signature: \_\_\_\_\_

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