



Basketball Club

3rd thru 6th Grade

HOMESTEAD BASKETBALL CLUB

Basketball Club at Homestead is for boys and girls in the 3rd thru 6th grade. We play half court 3 vs 3 with modified rules. Our basketball requires little time commitment where students get to explore basketball with their classmates from Homestead. It's a great intro to basketball for some or a fun and less competitive break for others.

Contact Coach Payne if you need siblings to be in the same practice. We can always work something out.

We are asking for a \$5 donate for each sport your child participates in here at Homestead to help the Physical Education department raise money for equipment, technology, and guest presenters for the school. Thanks you for your support.

Volunteers are welcome. Please contact me if you can help at practices or the jamboree.

Practice is done in the the gym and will end at 4:30. Most of practice is playing the game to get ready to play other schools during the Jamboree on December 8th.

Please return this sheet signed on both sides to Coach Payne before your child's first practice with your \$5 donation.

- Coach Payne
payne_jason@asdk12.org

Practice Dates All Practices 3:30-4:30

3rd and 4th Grade
Wednesday, November 2
Wednesday, November 9
Wednesday November 16
Wednesday, November 23 (Both Groups)
Wednesday, November 30
Wednesday, December 7 (Both Groups)

Thursday, December 8th
Jamboree at Homestead 5-6pm

5th and 6th grade
Thursday, November 3
Thursday, November 10
Thursday, November 17
Wednesday, November 23 (Both Groups)
Thursday, December 1
Wednesday, December 7 (Both Groups)

Thursday, December 8th
Jamboree at Homestead 6-7pm

Sign and return to Coach Payne with \$5 donation

Child's Name _____ Grade _____ **Basketball**
Teacher _____



_____ Walk home after practice
_____ Pick up after practice

Health Concerns

_____ Yes, my child has a health concern that the coach should be aware of (if asthma, see below) Explain: _____

_____ Yes, my child has asthma.

- _____ My child does not require pre-treating with a rescue inhaler.
- _____ I will pre-treat with their rescue inhaler at home before practice.
- _____ I agree to call the school nurse to discuss further options (742-3555)

Parent's Signature

Date

Phone

Parent's Name (print)

contact email



**ANCHORAGE SCHOOL DISTRICT
AFTERSCHOOL BASKETBALL CLUB
Acknowledgement of Risks, Assumption of Risk and Responsibility,
and Release of Liability ("Agreement")**

I, _____, certify that I am the parent or legal guardian of minor child _____ (the "Participant"). I request that the Participant be given the opportunity to participate in the afterschool basketball club, permission is hereby given for the Participant to participate. In consideration of the benefits and opportunities afforded the Participant by participating, I, on behalf of myself and the Participant, state and unconditionally agree as follows:

1. References to the Anchorage School District (the "District") include the District, its past, present, and/or future board members, administrators, officers, employees, volunteers, parents, students, agents, attorneys, insurers, reinsurers, representatives, designees, and assigns.

2. I understand that participation in the Basketball Club involves certain inherent risks and dangers. These inherent risks include (without limitation) the possibility of tripping, slipping, and/or falling; the presence of multiple individuals in a small confined space; the possibility of collisions with other individuals; the negligence of the Participant; and the negligence of others. These inherent risks may result in fatigue; injury including but not limited to strains, sprains, fractures, lacerations, contusions; significant injury/disability; suffocation; and even death. I have made my own investigation of the risks of participation in the afterschool basketball club, and I understand these risks and assume them willingly on behalf of the Participant.

3. ON BEHALF OF MYSELF, THE PARTICIPANT, AND EACH AND EVERY ONE OF OUR HEIRS, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, I UNEQUIVOCALLY ASSUME ALL RISKS RELATED TO PARTICIPATING IN THE AFTERSCHOOL BASKETBALL CLUB, INCLUDING BUT NOT LIMITED TO THE RISKS IDENTIFIED IN SECTION 2, ABOVE, THAT MAY ARISE OUT OF OR PERTAIN TO THE PARTICIPANT'S PARTICIPATION IN THE AFTERSCHOOL BASKETBALL CLUB.

4. Throughout the duration, I hereby grant permission to the District and any chaperones to authorize and consent to any emergency medical treatment, procedure, or provision of medication or medical assistance of any kind for the Participant, and I agree that such action shall be subject to the terms of this Agreement. I hereby authorize any provider of medical services to rely on this consent.

5. ON BEHALF OF MYSELF, THE PARTICIPANT, AND EACH AND EVERY ONE OF OUR HEIRS, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, TO THE FULLEST EXTENT PERMITTED BY LAW, AGREE TO FOREVER RELEASE, INDEMNIFY, AND HOLD THE DISTRICT HARMLESS FROM ANY CLAIMS OR CAUSES OF ACTION (WHETHER SOUNDING IN TORT [NEGLIGENCE, NEGLIGENT HIRING/TRAINING/SUPERVISION, WRONGFUL DEATH, OR OTHERWISE], CONTRACT, WARRANTY, STATUTORY LIABILITY, STRICT LIABILITY, OR OTHERWISE), DEMANDS, OR EXPENSES (INCLUDING, BUT NOT LIMITED TO, ATTORNEY'S FEES AND COSTS) OF ANY KIND OR NATURE WHATSOEVER THAT IN ANY WAY ARISE OUT OF, RESULT FROM, OR PERTAIN TO THE PARTICIPANT'S PARTICIPATION IN THE AFTERSCHOOL BASKETBALL CLUB.

6. Should the District, or anyone acting on its behalf, incur attorney's fees and/or costs to enforce the terms of this Agreement, or to defend any claims brought by myself and/or the Participant, I hereby agree to indemnify and hold the District harmless for (in other words, I agree to pay for) any and all such attorney's fees and/or costs.

Warning: This Agreement is a binding contract that prevents you, the Participant, and your collective heirs, representatives, executors, administrators, and assigns from bringing any lawsuit against the District arising out of or pertaining to the Participant's participation in the Endurance Running Team, including but not limited to any negligence claims. This document affects your substantial legal rights and remedies. Please read it carefully before proceeding.

FULLY UNDERSTANDING ALL OF THE ABOVE, AND WITH REASONABLE TIME TO SEEK ASSISTANCE IN UNDERSTANDING THIS AGREEMENT, I UNEQUIVOCALLY AGREE TO THE TERMS OF THIS AGREEMENT.

Signature of Parent or Legal Guardian: _____

Date: _____

Printed Name of Parent or Legal Guardian: _____

Phone: _____