



OLY SWISH BASKETBALL

2nd, 3rd, 4th, 5th and 6th Grade Girls Basketball

Oly Swish is a basketball program to support Olympia girls' basketball. Please follow instructions based on your daughter's current grade.

	2 nd /3 rd Grade	4 th Grade	5 th & 6 th Grade
Registration Tryouts (5th & 6th only)	<u>Registration due</u> <u>Wed. Sept. 6</u> Mail to: Oly Swish c/o Julie Finchum 6517 N 200 East Road Stanford IL 61774 *Will try to have a team from each grade school if enough kids.	<u>Registration due</u> <u>Wed. Sept 6</u> Mail to: Oly Swish c/o Julie Finchum 6517 N 200 East Road Stanford IL 61774 *Will try to have a team from each grade school if enough kids	<u>Tryouts:</u> <u>Sunday, Sept. 10</u> 1pm – 3pm OHS Gym <u>Please email</u> <u>olyswish@yahoo.com</u> <u>with interest</u> <u>in trying out.</u>
	2 nd /3 rd Grade	4 th Grade	5 th & 6 th Grade
Expected Practice and Game Schedule	1 practice per week and scrimmages on Saturday's. Expect first game Sat. Oct. 14 and last game Nov. 18.	1 – 2 practices per week begin in September. Expect games first games mid-October and end mid-December.	15-20 game schedule + tournaments Practices set after tryouts. Games from October through mid-December
	2 nd /3 rd Grade	4 th Grade	5 th & 6 th Grade
Fees	\$50 (Covers uniforms, insurance, team expenses)	\$75 (Covers uniforms, insurance, team expenses)	Due upon making the team: \$135 (Covers uniforms, insurance, team expenses)

**This is not an Olympia School district sponsored sport.*

If you have any questions, contact Mandy Nowaskie at 309-262-0543; cmte34@yahoo.com or Julie Finchum at 308-824-6278; olyswish@yahoo.com

2017 Oly Swish Girls Basketball
2nd/3rd and 4th, 5th and 6th Grade Registration Form

Please complete one form per student.

STUDENT NAME _____

ADDRESS _____

PARENTS NAME _____

E-MAIL ADDRESS _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

CURRENT GRADE _____ BIRTH DATE: _____

LIST ANY MEDICAL CONDITIONS (asthma, etc.) _____

SHIRT SIZE (circle one) Youth: 6-8 10-12 14-16 Adult: SM MED LG XL XXL

SHORT SIZE (circle one) Youth: 6-8 10-12 14-16 Adult: SM MED LG XL XXL

REGISTRATION FEE: **2nd/3rd**: \$50 **4th**: \$75 **5th and 6th**: \$135 after tryouts

I AM WILLING TO HELP WITH THE OLY SWISH PROGRAM (COACH, BOARD MEMBER): ___ YES ___ NO

WAIVER

I hereby certify that I or as parent or legal guardian of the above named child, that I/she is in good health and capable of safe participation in this program/activity. I understand and assume all risk(s) and hazards incidental to the conduct of this program/activity including the transportation to and from the program/activity. I hereby authorize Oly Swish to obtain medical treatment for the child in the event that no parent(s) or legal guardians are available to consent to said treatment. Initial: _____ (Parent/Guardian if minor)

I support the Oly Swish philosophy, which is based on learning fundamental skills, developing good character, being a team player and creating a positive environment. Initial: _____ (Parent/Guardian if minor)

I hereby grant permission for pictures and/or videos to be taken of myself/my child during this program for future promotional use for no consideration. Initial: _____ (Parent/Guardian if minor)

I agree to hold Oly Swish, Olympia CUSD #16 and its volunteer officers harmless from any losses and damages to myself/ my child resulting from participation in these activities. Initial: _____ (Parent/Guardian if minor)

Participant/Parent/Guardian Signature: _____ Date: _____
