



RancheView SCHOOL

403.932.9811

rancheview@rockyview.ab.ca

2 Sundown Road, Cochrane, AB T4C 0X8

rancheview.rockyview.ab.ca

Sharon Cronin ▪ Principal | Tracey Drummond ▪ Assistant Principal | Cody Kempster ▪ Acting Assistant Principal

January 2020

Dear Parents/Caregivers,

RE: Grade 6 Basketball

We are pleased to inform you that your child has shown interest in participating on the Grade 6 Basketball team. **Please see the schedule below outlining tournament dates/times.** It is the expectation that if your child chooses to be a part of the team that they will be at all practices and games (if your child is unable to attend please provide a note and as much notice as possible). A basketball jersey will be provided for games but students are responsible for wearing appropriate clothing for training.

The intention of this letter is to assess the level of interest from our grade 6 students. Interest from students and the availability of coaches will dictate whether there is a need for two teams or just one. In grade 6 students compete in a single tournament which has a round-robin format.

All team members are representatives of our school and community, and as such, are expected to display mature, responsible behavior at all times. Inappropriate behavior will result in disciplinary action and possible dismissal from the team. Please review the “**Wrangler Code of Conduct**” for further details. This information can be found on the school website.

If your child chooses to participate, the fee is \$20. This fee covers tournament costs, is payable via www.schoolcashionline.com and must be paid prior to the tournament. Unpaid students may not participate in the tournament.

Transportation of students to and from tournaments is the responsibility of the students and their families. Students may carpool but these arrangements must be made by parents ahead of time. If students have permission to walk home or have another adult pick them up for a tournament, the “**Early Release Permission for Athletic Events**” form must be completed and submitted to the office ahead of time. These are available on the school website and in the office. Students are also required to sign out at the office prior to leaving the school.

Please complete the “Athletics Consent” portion on the back of this letter as well as the attached “Student Extra-Curricular Sports Activity” form and submit them to the office as soon as possible.

We are very excited about the upcoming season and look forward to working with your child. We hope to see you at competitions. Please contact me at the school at 403-932-9811 or gselwood@rockyview.ab.ca with any questions or concerns.

Sincerely,

Graham Selwood
Athletic Director/Physical Education Instructor





RancheView SCHOOL

403.932.9811

rancheview@rockyview.ab.ca

2 Sundown Road, Cochrane, AB T4C 0X8

rancheview.rockyview.ab.ca

Sharon Cronin ▪ Principal | Tracey Drummond ▪ Assistant Principal | Cody Kempster ▪ Acting Assistant Principal

Practices:

Girls:

Mondays: 2:30 – 3:30

Wednesdays: 11:40 – 12:20 (These practices take place during lunch recess. Students will be given time to eat after practice).

Dates: February 3*, 5, 10, 12, 24, 26

*Please Note: Feb 3 practice will be during lunch

Boys:

Tuesdays: 2:30 – 3:30

Thursdays: 11:40 – 12:20 (These practices take place during lunch recess. Students will be given time to eat after practice).

Dates: February 4*, 6, 11, 13, 25, 27

*PLEASE Note: Feb 4 practice will be during lunch

Tournament Schedule: (BOYS AND GIRLS)

Friday February 28th 3PM (Tournament Location and schedule TBD)



RancheView SCHOOL

403.932.9811

rancheview@rockyview.ab.ca

2 Sundown Road, Cochrane, AB T4C 0X8

rancheview.rockyview.ab.ca

Sharon Cronin ▪ Principal | Tracey Drummond ▪ Assistant Principal | Cody Kempster ▪ Acting Assistant Principal

ATHLETICS CONSENT

Having read and understood the particulars of this letter, I give permission for my child to participate.

Childs Name: _____

Athletics Team: _____

Online Payment Date: _____

Parent/Caregiver Signature: _____ Date: _____



Student Extra-Curricular Sports Activity Release and Waiver of Liability Agreement

AF5015-E
07/2017

WARNING: BY SIGNING THIS AGREEMENT YOU GIVE UP YOUR RIGHT TO BRING A COURT ACTION TO RECOVER COMPENSATION FOR YOURSELVES OR YOUR CHILD FOR ANY INJURY TO YOUR CHILD OR HIS PROPERTY OR FOR THE DEATH ARISING OUT OF YOUR CHILD'S PARTICIPATION IN THE SPORTS ACIVITY INDENTIFIED IN THIS AGREEMENT

NAME OF SPORTS ACIVITY:
NAME OF STUDENT:
NAME OF SCHOOL:

PRELIMINARY UNDERSTANDING

- I/we the undersigned acknowledge and agree that while the above named Student is participating in the Sports Activity noted above at or under the auspices of _____ School that:
 - I/we am/are aware that the Sports Activity has inherent risks and hazards, which I/we am/are voluntarily assuming, and
 - I/we have full knowledge of the nature and extent of the risks associated with the Sports Activity the particulars of which include but are not limited to:

- Despite the above-mentioned risks and hazards, I/we freely and voluntarily assume such risks and hazards in inherent the Sports Activity.

RELEASE AND WAIVER OF LIABILITY

- In consideration of the participation of the Student in the Sports Activity at any time whatsoever at or under the auspices of _____ School, whether that occurs during school hours, after school hours, or at any other time, I/we, the parent(s)/legal guardian(s) of the Student agree to release, indemnity and save harmless the Board of Trustees of Rocky View Schools, its trustees, employees, agents, insurers, and volunteers (referred to as the "named persons") and each of them against and from all actions damages, claims and demands which may be brought against the above named persons by or on behalf of the Student in respect of or arising out of any accidents which may result in injury or the death of the Student or damage to or loss of property belonging to the Student.
- I/we acknowledge that I/we have read and understand all of the contents of this Agreement, having taken note of specifically the warning stated above, and intend to be legally bound to the contents of this Agreement in so signing it on this ___ day of _____, 20__.

Signature of Parent/Legal Guardian of Participant

Signature of Parent/Legal Guardian of Participant

Name of Parent/Legal Guardian of Participant
(Please Print)

Name of Parent/Legal Guardian of Participant
(Please Print)

Reference: AP5015 Insurance Management