

Brookside PTA
everychild. onevoice.®
PTA After School Basketball Skills

Registration Deadline: Friday November 20th

Time: 2:50 PM -3:50 PM Please be **ON TIME** for pick-up

Fees: PTA Member: \$20.00
PTA Non- Member \$25.00

Make checks payable to **Brookside PTA in an envelope marked PTA ASA**
*****Please Do Not Send Cash*****

Class Meeting Dates:

3rd Grade

Mon Dec 7
Dec 14
Dec 21

4th Grade

Tues Dec 1
Dec 8
Dec 15

5th Grade

Thu Dec 3
Dec 10
Wed Dec 16****

Note day difference for last class because
the gym is need for concert prep on 12/17

Makeup date: Tuesday December 22nd if needed

"Our PTA strongly supports the home-school connection. Confidential financial assistance is available for all PTA activities, including membership. Please contact the school principal or social worker for information."
Parents: Save top portion for meeting dates!

Child's Name

Grade/Teacher

Phone Number

Email Address

Emergency Name/Number

___ Please check here if your child will be going to **enrichment** following Basketball.

Permission

I, _____, give my child _____ permission to take the course(s) requested
Last, First (please print) Last, First (please print)

above. I understand that my child must have a note if he/she is to be picked up by someone other than myself. I understand that if I am more than 10 minutes late, I must pay the instructor a \$10 late fee. I also understand that my child may NOT switch classes once the sessions begins, and although I am free to drop a class, no refunds will be issued. I also understand that if a class is CLOSED, registrations will be returned, even if this happens before the registration deadline. I give my child permission to attend an after school activity on the dates indicated above. I hereby release and discharge all PTA officers, employees and agents from any and all claims, demands, actions or causes of action on account of my child's participation in a 2009/2010 After School Activity. I hereby state that I have advised the PTA of all allergies, medicine reactions or unique physical/ movement conditions that may affect his/her participation in the above requested activities.

Signature of Parent/Guardian

Date