



Red Creek Lady Rams  
After School Basketball  
Program

**When: Mondays and Wednesdays 3:30-5:30**

**(4/24, 4/29, 5/1, 5/6, 5/8, 5/13, 5/15, 5/20, 5/22)**

**Where: Red Creek High School Gym**

**Grades: 4<sup>th</sup>- 8<sup>th</sup>**

**Program Overview: Program will be run by the Red Creek Girls Basketball Coaching Staff and Red Creek Varsity players. Practices will center on ball handling, shooting, defense, passing and rebounding. Game play, teamwork, sportsmanship and overall program goals will be focused on throughout the session.**

Getting Better.....

One day at time!

**Red Creek Lady Rams After School Basketball Registration Form**

Student Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Grade: \_\_\_\_\_

**TRANSPORTATION**

BUS or PICK UP (circle one)

**Pick up is in front of High School**

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

I hereby unconditionally release the Red Creek Central School District, and any of its staff, from all responsibility or liability in connection with any and all activities for the participants listed above, for the current calendar year. I acknowledge that neither I nor my children, suffer from any physical impairments and have no limitations, other than listed below, which may predispose me/my child to risk during any recreation activity. I give permission for a licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to myself/child/ward when normal permission is unavailable. I authorize the party or person in charge of my/my child's activity to seek medical care.

Medical Conditions or Limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, I give my permission for photos taken of my child or myself to be used for promotional purposes.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

*Return Form to:*

Dave Welcher – Red Creek Community Center, 6592 South Street  
Red Creek, NY 13143