

**LPMS Basketball Night
Player Permission Slip**

Game Date: **Friday, March 9th, 2018**

Team Check-In Time: 5:15 pm

Dinner: 5:00-8:00 p.m. • Games: 6:00-9:00 pm

Team Name: _____ Grade: _____

Player's Name: _____

Are you an LPMS Basketball Team Player: ___ Yes OR ___ No

REQUIRED - Team Coach: _____

REQUIRED - Team Parent: _____

Phone Number and E-Mail: _____

\$5 Payment Included _____ Cash _____ Check (made out to LPMS PTSA)

I assume full responsibility in giving my child permission to play on a team at Basketball Night and have arranged to accompany my child to the game OR will arrange for my child's transportation home from the event.

_____ I will accompany my child to Basketball Night.

_____ I will not accompany my child to Basketball Night and have arranged for my child's transportation home after the event.

Adult phone number (required) _____

This completed permission slip needs to be returned to the school, along with the \$5 registration fee, in order for your child to participate in Basketball Night

(Cash or Check payable to "LPMS PTSA")

Registration Deadline for ALL paperwork and fees is *Friday, March 2nd*

(Paperwork may be dropped off in the Main Office, in an envelope marked BASKETBALL NIGHT, and MUST include the Student's name and the Team's name)

Proceeds go to Delores Swoyer Camp Scholarship Fund & to the LPMS PTSA

_____ I have read the attached rules and my child and I understand and agree to all of the Basketball Night rules.

Parent/Guardian Signature: _____

Print Name: _____

Phone Number and E-Mail: _____

(All parents of players are required to participate or volunteer at this event:

For any questions or concerns, please contact Vicki Mostrom 301-343-3958 Victoria_M_Mostrom@mcpsmd.org