



After School Basketball Team at Thomas Johnson



Try-outs: January 10th and 11th after school from 2:30-3:30

Who?

- Grades 4th & 5th Co-Ed team.
- Mr. Hughes is the coach.

When?

- The season starts on January 28th and runs 8-10 weeks.
- Practices will meet in the gym on Tuesdays. Games will be held on Mondays.
- All practices will run from 2:30-3:30.

Where?

- All practices will meet in the gym. Some games will be hosted off site and transportation to and from Thomas Johnson ES/MS will be provided.

How much?

- The cost is \$80.00. This cost includes participation in all practices and games, equipment, transportation, and uniforms.

*****Important*****

Payment will be collected after try-outs

Students must have completed Permission Slip to try-out

After School Basketball Team

Permission Form

New Fit Kids is partnering with Thomas Johnson Elementary/Middle School to offer basketball after school program. The season runs 8-10 weeks. Practices will be held in the gym on Tuesdays. Games will be held on Mondays.

- The teams will meet for 8-10 weeks depending on the championship schedule. The season starts on January 28, 2018.
- The practices will begin at 2:30 and conclude at 3:30. Students must be picked up promptly at 3:30 or they must report to another after school program. Failure to be picked up on time may result in being dismissed from the team.
- The meeting times for games are to be determined.
- The course is designed for students in grades 4th and 5th.
- The maximum number of students admitted on the team is twelve, and the minimum is seven. The cost of the season is \$80.00. Payment must be made directly to TJEMS after try-outs have concluded.
- **Each student must have a signed permission slip prior to the first day of try-outs.**
- Contact Mr. Hughes for any questions or concerns by phone at 410-396-1575 or by email at KAHughes@bcps.k12.md.us

Student's Name: _____

Student's Grade: _____ Teacher: _____

Parent's Name: _____ Parent's Phone Number _____

Parent's Phone E-mail address _____

Alternate Contact: (Name and Phone Number): _____

After Basketball Practice (check one):

_____ I will pick up my child in front of school

_____ My child will walk home from school

_____ My child is enrolled in FF&G and will report to FF&G

_____ My child is enrolled at the Ella Baily Rec Center and will report to the Rec Center

By signing below, I give my child permission to participate in the basketball team practice, games, and related activities.

Parent Signature: _____

Date: _____