

Dear Parents/Guardians of Grade Five and Six Students

Friday, Oct. 11<sup>th</sup> 2024

Your child has expressed interest in joining the **ESR Basketball Team**. Practices will take place after school on Mondays and Wednesdays from 2:30-3:30pm in the gym. Our first practice will be on Wednesday, **October 16<sup>th</sup>**. We will also have Friday Lunch scrimmages for fun and extra practice, when the gym is available.

There will be several **games after school** throughout the season played at other Elementary schools in the District. They usually start at 2:50 pm and last until around 5 pm. The **dates are:** Thurs. Nov. 7<sup>th</sup> Thurs., Nov. 14<sup>th</sup> and Thurs., Nov. 21<sup>st</sup>. There will also be a Season ending Playoff Tourney on Thursday, Nov. 28<sup>th</sup> and a Final 4 Tournament on Monday, December 2<sup>nd</sup>.

All students will be expected to have **proper running shoes and gym strip** for practices and games. If you do not have a neon green ESR Shirt already, **ESR Jerseys** will be handed out the day of the first game on Nov. 7<sup>th</sup>. Your child must pay a \$20 deposit for the jersey before Nov. 7<sup>th</sup>, which your child will keep until after the Playoff Tourney, or if we make it, the Final 4 Tourney. Then exchange the jersey back for the deposit.

If your child is unable to attend a practice or games due to **illness or injury**, please **contact one of the coaches** below by e mail. Players that miss more than 3 of the 13 Mon/Wed practices without permission, may be asked to give up their team spot to others wanting to play. If your child chooses to quit the team please let one of the Coaches know!

Please note that the **permission slip below must be returned by the Oct. 16<sup>th</sup> Wednesday practice** and students must attend practices to participate in the games.

**PARENTS ARE RESPONSIBLE FOR ARRANGING TRANSPORT TO AND FROM THE GAMES AND THE TOURNAMENTS FOR THEIR CHILD.**

If there are any **parents** who have vast Basketball experience and would like to **Coach**, please speak to Mr. Beckmann or contact him via E mail.

**Thank you** so much for your support! We are really looking forward to another great season of ESR Basketball with your child !!!

Mrs. Felistas Gariwa ([felistas.gariwa@mpsd.ca](mailto:felistas.gariwa@mpsd.ca)), Mrs. Kathleen Griffin ([kathleen.griffin@mpsd.ca](mailto:kathleen.griffin@mpsd.ca)), Mr. John Beckmann ([john.beckmann@mpsd.ca](mailto:john.beckmann@mpsd.ca))

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My child, \_\_\_\_\_ has my permission to participate in the E.S. Richards Volleyball program as outlined above. I will ensure that my child has transportation to and from practices and games.

Parent Signature \_\_\_\_\_

Phone Number \_\_\_\_\_