



November 20, 2017

Dear Parents,

On Monday, November 27<sup>th</sup>, 2017, the Boys' Upper School Basketball Season (5<sup>th</sup> - 8<sup>th</sup> grades) will commence. The goals of the program are to develop each child's athletic potential, to instill a love for the sport, to learn the fundamentals and to develop good sportsmanship. Student Athletes are responsible for transportation to all away games. Written parental permission must be turned into the office prior to away games if your child is carpooling with another parent. Students must also have their athletic physical and registration form completed before they are allowed to practice.

Team schedules will be handed out to the students once they become available. The schedules will also be placed on the outdoor bulletin board across from the baseball field and on the CEA website under "Athletics." Changes made to the schedule and any game-day updates will be sent out via text. If you have any questions please contact Coach Carlos.

The cost for the program is **\$300**. This fee includes rental uniforms, practices and trophies. This year the fee also includes five "Level 400" tickets to the "Court of Dreams" Miami Heat game.

The practice schedule will be as follows:

**Varsity**  
**Tuesday's & Thursday's - 3:45-4:45 p.m.**

**Junior Varsity**  
**Monday's & Wednesday's - 3:45-4:45 p.m.**

Please return the registration form and fee to the office before Monday, November 27<sup>th</sup>. Every student athlete must also have a completed athletic physical waiver before they can compete and practice. If you have any questions, please call Adrian Izquierdo.

Carol Diaz-Zubieta  
Upper School Principal



**CEA Boys Basketball Registration  
2017-18 Registration Form**

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Teacher: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home phone: \_\_\_\_\_

Primary E-mail (please print clearly) \_\_\_\_\_

Father's work number: \_\_\_\_\_

Father's cellular phone: \_\_\_\_\_

Mother's work number: \_\_\_\_\_

Mother's cellular phone: \_\_\_\_\_

**WAIVER AND RELEASE: I (We) hereby give my (our) approval to my (our) child's participation in this activity and hereby, release, indemnify, and hold harmless Conchita Espinosa Academy, Inc., its staff and employees, by reason of my (our) child's participation in said program.**

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed registration form to Adrian Izquierdo in the office along with the registration fee of **\$300** by Monday, November 27<sup>th</sup>.

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OFFICE USE ONLY:

Registration fee: \_\_\_\_\_