



Ecole Agnes Davidson School

2103 - 20 Street South, Lethbridge, Alberta, T1K 2G7, Phone (403) 328-5153, Fax (403) 320-1912
Principal Mme Leggat Vice Principal Mme Cummins

Dear Parents,

Your child has shown an interest in playing on the grade 5 basketball team. Agnes Davidson has a co-ed team. The main goal of this team is to meet other students in the district and to have fun playing basketball.

Every Grade 5 student who wishes to participate may submit their name for consideration. Mandatory practices will be held on Monday and Wednesdays starting at 12noon. Optional hoop shooting practice will occur Monday mornings at 8:10AM. Mandatory practices will start **January 10th**. Optional practices start **January 15th**. Games will be on Tuesdays and Thursdays after school, from about 4:15pm until 5:00pm, The first game is on January 16th. There will be a final tournament on Friday February 9th. A schedule of games will be provided ones the teams have been finalized.

We ask that your child be available on these days if they wish to participate. If we have high interest, beyond the capacity of our two teams, we will draw names. Parents are responsible for transportation. A follow up Permission Click form will be sent to all families from the coaches once your child is on a team. If you are transporting other children you must complete a Volunteer Form ([Permission Click](#)) and a Driver Form ([Permission Click](#)). Please fill out the bottom of this letter to indicate your child's interest and return it by **Thursday, December 15th**.

We are looking forward to a great season!

AD Team 1	AD Team 2	Monday AM Hoop Shooting Coach Jackie Grover
Jackie Grover Julie Turmel	Melanie Williams Lauren Hamilton	

My child, _____, is interested in participating on the Agnes Davidson Basketball Team. I understand it is my responsibility to arrange for transportation.

Please note any other school wide extra-curricular activities your child is involved with during the months of January and February.

Parent Signature: _____

Parent name and phone number (for emergency contact): _____