

	Community Day Ultimate	CDU
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<ul style="list-style-type: none"> • Times—4:00 to 5:30 PM Pickup is promptly at 5:30 PM <ul style="list-style-type: none"> • Wed.—Fri. ◆ FUN FOR EVERYONE!!! • \$40 Athletic Fee 	<ul style="list-style-type: none"> • Begins April 13 (depends on filed conditions) • Location currently is the CDCPS Farm 851 Andover Street
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The Community Day Ultimate League (CDUL) is dedicated to furthering the sport of Ultimate Frisbee. Our first priority is teaching [Spirit of the Game](#). Competition is highly encouraged, but never at the expense of having fun or enjoying the sport. Ultimate is a fast paced game played with a Frisbee that has elements of soccer, football, and basketball blended together. Any boy or girl in the 5th thru 8th grades are encouraged to play. Practices and games will be held on Wednesdays and Fridays for everyone.

- ◆ This year we will be holding practices for the Club team and travel team on the same days. Travel team and Club team will both have games against other schools but on the travel team will compete in the middle school tournament on **May 19, 2019**. Any and all players that sign-up are eligible to tryout for the traveling team. The team (between 10 -14 players) must be made up of an equal number of boys and girls.

Anyone interested in signing please fill out the attached sheet and return it to the main office as soon as possible.

All practices will take place on Wednesdays and Fridays from 4-5:30 at our new property at 851 Andover Street. Runners will be bused to the location for practice. Pick up should be at 851 Andover Street at 5:30 Please enter on the Ballard Road entrance and you will exit along the Andover St exit.



Community Day Ultimate

CDU

CDCPS Athletic Department Ultimate Frisbee Permission Form

Name _____ Grade _____ Telephone _____
Address _____ Cell phone _____
Parent/Guardian's Name _____
Emergency Contact Person _____ Telephone _____
Family Doctor _____ Telephone _____
Family Medical Insurance _____ Policy No. _____

I understand there is an inherent risk in playing interscholastic sports and the range of injury can be minor to severe. It is further understood that in case of injury, the school is responsible only for first aid treatment. I do give permission to CDCPS Staff to seek medical attention if such a time warrants. I also understand that all equipment issued is property of the Community Day Charter Public School and is to be returned within 24 hours of the season close or I will assume the current replacement cost. To my knowledge, my son/daughter have not been treated for any pre-existing medical condition that could be aggravated by participating in interscholastic athletics.

I/We also give permission for my/our child to be transported to and from any athletic event. I understand the department policy will be to provide transportation by school bus or van, but in the event a bus or van is not available, private transportation may need to be used. These vehicles will be driven by responsible adults (parents of athletes or coaches), and they cannot be held responsible for any accident or injury that might occur.

In addition, we acknowledge that Community Day Charter Public School does not always provide transportation to all games and therefore, I may be required to arrange for transportation.

I/We are aware all athletes must meet all academic and behavioral requirements of CDCPS to remain in good standing on CDCPS teams. Any student that does not meet those requirements may be suspended from practices and games due to not meeting those requirements. In certain situations, dismissal from the team could result.

Finally, I am aware that the athletic fee for the entire 2019 season not including the tournament is \$40.00.

I have read the above requirements and the Frisbee Information provided, understand and agree to their terms and will help my son/daughter to carry out his/her responsibilities as a CDCPS student/athlete.

_____ has my permission to participate in Ultimate for the 2019 season and I agree to all of the above requirements.

Parent Signature _____ Date _____



SPRING
BASKETBALL
LEAGUE

SBL

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| <ul style="list-style-type: none">• Times—4:00 to 5:30 PM Pickup is promptly at 5:30 PM• TUESDAY AND THURSDAY◆ FUN FOR EVERYONE!!!• \$40 Athletic Fee | <ul style="list-style-type: none">• <i>Begins</i> April 23• Location currently is the Marston Street Field |
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A Survey of Upper School Students showed a huge interest into starting a Spring Intramural Basketball League. This year we're proud to announce we will be offering the CDCPS Spring Basketball League. This is open to all students 5-8. After signups players will be placed onto balanced teams and compete in a round robin schedule, leading to a tournament style final at the end of the season.

All games will take place on the Marston Street Courts outside from 4-5:30 PM on Tuesday and Thursdays.

Please get your signups in as soon as possible so we can get teams assigned and begin play.

First day will be April 23rd.



SPRING BASKETBALL

SBL

CDCPS Athletic Department
SPRING BASKETBALL Permission Form

Name _____ Grade _____ Telephone _____
Address _____ Cell phone _____
Parent/Guardian's Name _____
Emergency Contact Person _____ Telephone _____
Family Doctor _____ Telephone _____
Family Medical Insurance _____ Policy No. _____

I understand there is an inherent risk in playing interscholastic sports and the range of injury can be minor to severe. It is further understood that in case of injury, the school is responsible only for first aid treatment. I do give permission to CDCPS Staff to seek medical attention if such a time warrants. I also understand that all equipment issued is property of the Community Day Charter Public School and is to be returned within 24 hours of the season close or I will assume the current replacement cost. To my knowledge, my son/daughter have not been treated for any pre-existing medical condition that could be aggravated by participating in interscholastic athletics.

I/We also give permission for my/our child to be transported to and from any athletic event. I understand the department policy will be to provide transportation by school bus or van, but in the event a bus or van is not available, private transportation may need to be used. These vehicles will be driven by responsible adults (parents of athletes or coaches), and they cannot be held responsible for any accident or injury that might occur.

In addition, we acknowledge that Community Day Charter Public School does not always provide transportation to all games and therefore, I may be required to arrange for transportation.

I/We are aware all athletes must meet all academic and behavioral requirements of CDCPS to remain in good standing on CDCPS teams. Any student that does not meet those requirements may be suspended from practices and games due to not meeting those requirements. In certain situations, dismissal from the team could result.

Finally, I am aware that the athletic fee for the entire 2019 season not including the tournament is \$40.00.

I have read the above requirements and the Spring Basketball Information provided, understand and agree to their terms and will help my son/daughter to carry out his/her responsibilities as a CDCPS student/athlete.

_____ has my permission to participate in Spring Basketball for the 2019 season and I agree to all of the above requirements.

Parent Signature _____ Date _____