St. Charles Borromeo Catholic School

2nd & 3rd Grade I.M. Basketball 2026-27

11/16/26

Again this year, St. Charles Borromeo is happy to announce that we will offer the intramural basketball program for students in **2nd** and **3rd** grades. We would like to get team and schedule information out before Christmas break. In order to accomplish this, we need your cooperation in returning this permission slip in a timely fashion.

We will be playing by Minnesota State High School League rules with a number of youth modifications. The baskets will be lowered to 8.5 feet, which will bring the free-throw line closer to the basket and help develop proper shooting form and give players more opportunities for success. This is primarily an instructional league to foster the development of basketball skills and **teamwork**. The fee for this program is **$15.00** (collected through TADS).

The season generally runs from early January through early February. Practices and games will usually be held on **Friday** nights (this will be determined by the number of players we have sign up). There may be a few exceptions to this routine, however, we will limit them as best we can. Once we know the number of players that have signed up, we will be able to determine the schedule for the season. All of the coaches are volunteers who spend a great deal of time teaching your child/children about the game of basketball. The success of this program is largely due to the wonderful commitment of parent volunteers.

(All coaches must meet the essential 3 volunteer requirements as stated by the archdiocese: up-to-date background check, code of conduct, and safe environment training. Please contact Ann-Marie Magee (amagee@stchbs.org) for volunteer requirement details.

The purpose of this school sponsored program is to teach the students basic basketball skills. It will allow them the opportunity to have some fun, be active, and compete with their peers in an atmosphere where **sportsmanship** will be emphasized. To this end, all players who attend the practices will play in every game and games will **be timed but not scored**. This experience will allow them to develop solid fundamentals and learn what it means to be part of a team.

If you would be interested in coaching or co-coaching a team, please indicate that in the appropriate space provided on the *Parental Consent Form*. If you have any further questions, please contact me at **tcarpenter@stchbs.org or 612-787-1145.** Thank you!

Sincerely,

Mr. Tony Carpenter

Please complete and return the consent form by

Tuesday, November 24th, 2026

($15 fee collected through TADS)

St. Charles Borromeo Catholic School

Athletic Department Parental Consent Form
I.M. Basketball 2026-27

Please complete this form and return to Mr. Carpenter by **Tuesday, Nov. 24th**. Thank you.

FAMILY INFORMATION

Student/Participant _____Grade _____

Parent/Guardian
Name(s)_____

Best Phone #s to Reach You During This Season: _____ , _____

E-mail address:
_____

***My mom / dad would be interested in coaching / co-coaching (please circle one):** **yes no**

-If "yes"; Name:_____

I, _____, grant permission for my child, _____,
Parent or Guardian's Name Student/Participant's Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers,

Contact _____ Relationship _____ Phone _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

SIGNATURE _____ **DATE** _____

OPTIONAL MEDICAL INFORMATION

Medication my child is taking at present
_____

Health conditions my child has
_____

**If you have specific health concerns about your child, please speak to his/her coach.

Please complete and return this consent form to the office or Mr. Carpenter by

Tuesday, November 24th, 2026.

($15.00 fee collected through TADS)

2nd & 3rd Grade I.M. BASKETBALL

CHARGERS SAINT CHARLES