



F.R. Haythorne
JUNIOR HIGH SCHOOL

300 Colwill Boulevard, Sherwood Park, AB T8A 5R7
P 780-467-3800 F 780-467-4041 WWW.FRHHAYTHORNE.CA

December 11, 2017

Dear Parents/Guardians:

Congratulations to you and your son on being selected to the **Development Basketball Team!**

Like all EIPS schools, we follow the user pay approach with our athletic program. Our **\$150.00** player fee includes the cost of officials, minor scorekeepers, travel, facility use, equipment, uniform rental, tape (first aid supplies), team picture, year-end awards, tournament entry fees, substitute, and driver costs.

Please make your cheque payable to **F.R. Haythorne Jr. High School** or pay online via the parent portal.

Transportation arrangements: The school will transport students to all weekday events, parents are expected to pick up students from all events.

Please contact the school if your child has any particular allergies or medical conditions which require special consideration. A Medication/Personal Care Authorization Form may be required.

Students are required to adhere to all school rules and expectations while representing the athletic department. Failure to follow school guidelines will result in disciplinary action from the team and/or school administration. Any inappropriate school or athletic conduct may result in temporary suspension or permanent removal from the team.

“There may be people that have more talent than you, but there is no excuse for anyone to work harder than you do.” -Derek Jeter

Please sign and return the attached permission form by **December 22, 2017** in order for the student to be eligible to participate. Should you have further questions please contact Mr. B. Salyzyn at 780-467-3800 ext. 5503. Follow us on twitter **@FRHAthletics** for regular updates. I strongly encourage you to be an active supporter of HAWK Athletics!

Respectfully,

Mr. B.Salyzyn
Assistant Principal

F.R. Haythorne Development Boys' Basketball 2017

I _____ allow _____ to participate in the above
(Print Adult name), (Print Student's Name)

mentioned trips throughout the 2017 season. I also understand the behavioural expectations of my child while playing on a sports team and the possible consequences if my child does not adhere to school rules and expectations.

(Parent/Guardian signature) Date: _____

Emergency Contact: _____ Contact Number: _____

This permission form needs to be returned by **December 22, 2017** in order for student to be eligible to participate on the team.

Please return your **\$150.00** Individual Player fee directly to the school general office or Mr. B.Salyzyn or on-line fee payment via the parent portal. **Please contact the office to set up a payment plan if you are unable to pay fees by the designated date.**

Please make your cheque payable to *F.R. Haythorne Jr. High School*.

Follow us on Twitter **@FRHAthletics**

“Champions keep playing until they get it right.”
– *Billie Jean King*