

BASKETBALL UPDATE!

Dear Parents,

The year end tournament is this Saturday. NHS is entering 3 teams. Two teams will play their round robin at NHS, and one team will play their games at Cold Lake Middle School. The finals will be at Cold Lake Middle School.

The cost for the tournament is \$15 and can be paid using school cash online. This is the preferred method of payment. Correct cash payment, if necessary can be made at the office (as we do not have change readily available).

Parents are responsible for the transportation and supervision of their children at the tournament. Games start at 9:00am. Please be at your venue 30 minutes before the scheduled start of the game.

Please remember that this is a fun tournament. Students are going to practice the skills they have learned over the course of the past several weeks. **WE WILL FINALIZE TEAMS AT WEDNESDAY'S PRACTICE**

On the reverse side of this sheet are the draws for each venue. Players will be assigned to each team. Please sign, detach, and return the participation form along with indication of payment to Mr. Whaley.

See you on Saturday!

NHS Gym Coaches: Mr. Gillis, Ms. George

CLMS Coaches: Mr. Whaley, Mr. Jones

CLMS Gr 5/6 Boys Invitational Basketball Tournament
Saturday March 7, 2020 - #2

Boys Draw: Games Played at Cold Lake Middle School

- | | |
|--|--|
| <p>Pool A</p> <p>1) CLMS #1
2) NHS #3
3) HEB #1
4) Beaux-Lacs</p> | <p>Pool B</p> <p>5) Voyageur
6) Holy Cross
7) Dr.B #1</p> |
|--|--|

	<u>Court 1</u>	<u>Court 2</u> (closest to gym doors)
9:00-10:00 am	1 vs 2	3 vs 4
10:00-11:00 am	5 vs 6	1 vs 3
11:00-12:00 pm	2 vs 4	5 vs 7

12:00-12:15 pm Free throw competition for all teams
(each school has all of their players line up and shoot one after the other for 2 min) *ties will be broken with the same format

12:15-1:15 pm	6 vs 7	2 vs 3
1:15-2:15 pm	1 vs 4	3A vs 3B
2:30-3:30 pm	2A vs 2B	1A vs 1B (winner to NHS)

5:00-6:00 pm Boys Final at NHS - winner from CLMS vs winner from NHS
(Final Game is Full Court)

*all teams are guaranteed 3 games
*placings will be determined by win/loss record and then points given up. Please do not run up scores!! Points will not continue to be put up after a 20 point difference.

*all schools will have concessions (proceeds go to Gr 8 field trip to Nordegg)
*at the end of each game, each coach will pick 1 player from the other team to give the "Heart and Hustle" award to. Please pick out your player during the game and give them their award while shaking hands at the end of the game :)

Have a great tournament! Play hard and have fun!

CLMS Gr 5/6 Boys Invitational Basketball Tournament
Saturday March 7, 2020 - #2

Boys Draw: Games Played at NHS

- | | |
|--|---|
| <p>Pool C</p> <p>1) NHS #2
2) St. Dom's
3) HEB #2
4) Iron River</p> | <p>Pool D</p> <p>5) Art Smith
6) CLMS #2
7) NHS #1
8) Dr. B #2</p> |
|--|---|

	<u>Court 1</u>	<u>Court 2</u> (closest to gym doors)
9:00-10:00 am	1 vs 2	6 vs 5
10:00-11:00 am	5 vs 7	4 vs 2
11:00-12:00 pm	1 vs 3	6 vs 8

12:00-12:15 pm Free throw competition for all teams
(each school has all of their players line up and shoot one after the other for 2 min) *ties will be broken with the same format

12:15-1:15 pm	1 vs 4	5 vs 8
1:15-2:15 pm	6 vs 7	2 vs 3
2:15-3:15 pm	3 vs 4	7 vs 8
3:30-4:30 pm	1C vs 1D (winner plays in final at 5:00 pm)	

5:00-6:00 pm Boys Final at NHS - winner from NHS vs winner from CLMS
(Final Game is Full Court)

*all teams are guaranteed 3 games
*placings will be determined by win/loss record and then points given up. Please do not run up scores!! Points will not continue to be put up after a 20 point difference.

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Have a great tournament! Play hard and have fun!



PARENT APPROVAL FIELD TRIP FORM

F 260-3

The information on this form is collected pursuant to the FOIP Act, Sections 33(c), 39 1(b) & 40 1(c) to be used to organize and coordinate a school field trip.

SCHOOL INFORMATION: School Name: **NELSON HEIGHTS SCHOOL**
Staff Member /Supervisor in Charge of Trip: **JASON WHALEY/MITCHELL GILLIS**

FIELD TRIP INFORMATION:
TRIP DESTINATION (Include overnight details if required): **NHS SCHOOL GYM/CLMS SCHOOL GYM**
TRIP DATE(S): **MARCH 7, 2020**
CLASS(ES) or GRADE(S) INVOLVED: **GRADE 56 STUDENTS**
TEAMS INVOLVED: **BASKETBALL**
PURPOSE OF TRIP: **YEAR END TOURNAMENT**
CHARGES TO STUDENT: **\$15.00 (Payable through School Cash Online)**
RISK DETAILS:
RISKS COMMONLY ASSOCIATED WITH BASKETBALL INCLUDING FATIGUE, BLISTERS, ANKLE SPRAINS, CUTS, SCRAPES, BRUISES, CONCUSSIONS.

SUPERVISION DETAILS:
Number of Supervisors to be taken on trip: **4 SUPERVISORS AT 2 VENUES**
Contact Number for Supervisors: **JASON WHALEY 780-207-1153**

TRANSPORTATION DETAILS: **PARENTS ARE RESPONSIBLE FOR TRANSPORTATION**
Method of Transport: Walking: _____ OR _____
Contracted Service: _____ Company Name: _____
Leased Vehicle _____ School Owned Vehicle: _____ Private Vehicle: _____ Driver(s) _____
Route Details: _____
Departure/Return Times: **TBD SEE ATTACHED SCHEDULE. PARENTS RESPONSIBLE FOR TRANSPORTATION AND SUPERVISION OF STUDENTS TO AND FROM VENUE**

PARENT APPROVAL for:

STUDENT NAME: _____

NOTE: Parents must have ultimate authority in approving whether or not their child (if under the age of 18 years old) goes on the trip.

_____ I approve of my son's/daughter's attendance on this field trip and the planning regarding this trip.

_____ **Telephone Number** where I can be reached on the day of the trip.

Information about my child that field trip personnel need to know for this excursion:

(Medical or other) _____

DATE _____ 20____ Parent Signature: _____