

## CCMS Basketball 2024-2025

Any student that is interested in participating in the CCMS basketball try-out sessions must have a guardian complete the bottom portion of this letter. If a student is selected to be on the team they must have a KHSAA Physical Form completed by a physician, complete a Campbell Co. Drug Policy Form, and pay the participation fee by November 8<sup>th</sup>, 2024. The KHSAA Physical Form and Drug Policy Form can be found in the CCMS concession area or by following these links: [www.camelpride.com](http://www.camelpride.com), Fan Zone, Forms. Students trying out must have their last name on the back of their shirt; use tape with a dark marker.

### Fees for basketball if a student make the team:

1. *School Team:* Purple or Gold= \$105.00  
**Participation fee:** \$75.00  
**Shooting shirt:** \$30.00 (players get to keep their shooting shirt at the end of the season)

### Try-Outs: Large Gym

#### October 21<sup>st</sup>

2:45-4:30 6<sup>th</sup> Grade Boys  
5:30-7:00 6<sup>th</sup> Grade Girls

#### October 22<sup>nd</sup>

2:45-4:30 6<sup>th</sup> Grade Boys  
5:30-7:00 6<sup>th</sup> Grade Girls

#### October 23<sup>rd</sup>

2:45-4:30 6<sup>th</sup> Grade Boys  
5:30-7:00 6<sup>th</sup> Grade Girls

#### October 24<sup>th</sup>

6:00-7:30 7<sup>th</sup> & 8<sup>th</sup> Grade Girls

#### October 25<sup>th</sup>

6:00-7:30 7<sup>th</sup> & 8<sup>th</sup> Grade Girls

#### October 28<sup>th</sup>

4:30-6:00 7<sup>th</sup> Grade Boys  
6:15-7:45 7<sup>th</sup> & 8<sup>th</sup> Grade Girls

#### October 29<sup>th</sup>

4:30-6:00 7<sup>th</sup> Grade Boys  
6:15-7:45 8<sup>th</sup> Grade Boys

#### October 30<sup>th</sup>

4:30-6:00 7<sup>th</sup> Grade Boys  
6:15-7:45 8<sup>th</sup> Grade Boys

#### November 1<sup>st</sup>

6:15-7:45 8<sup>th</sup> Grade Boys

-----*Cut here and turn in the bottom portion to Mr. Caudill's office room 153*-----

### INSURANCE WAIVER:

I give my son/daughter \_\_\_\_\_ permission

Student's Printed Name

to participate in the CCMS 2024 Basketball try-out sessions and will not hold the school or its staff responsible for any accident or injury to my son/daughter. In the event of possible injury, I give permission for the administering of emergency medical care.

Signed: (Legal Guardian) \_\_\_\_\_

### Please list emergency contact names and phone numbers:

1. \_\_\_\_\_