



December 12, 2016

**RE: MMCA Boys' Basketball**

Dear MMCA parent(s),

Welcome to the Boys' Basketball season! This year, our team will be competing in the Sierra Foothill League. We have (2) teams, playing in competitive "varsity" and "junior varsity" divisions. Generally speaking, "JV" is for students 7<sup>th</sup> grade and younger, "Varsity" is 8<sup>th</sup> grade and younger.

**"Known" schedule information:**

**Practices:**

Practices will be every non-game day after school from approximately 3:20 p.m. to 5:00 p.m. throughout the season. We will most likely not be practicing on Fridays. On Mondays, the boys will have Study Hall from 2:00 p.m. to 3:10 p.m. Starting in January, we will have more games than practices, which will make attendance at practice very important for how we do in the games.

**\*Practices During Winter Break:**

With Games starting the Tuesday we're back from Winter Break, we need to have some practices during Winter Break. We have done this the past couple years, and they have been our most productive practices of the season. This year, our Winter Break practices will be on Tuesday, Jan. 7<sup>th</sup>, Wednesday, Jan. 8<sup>th</sup>, and Thursday, Jan. 9<sup>th</sup> from 11:00a to 2:30p. Please have your child(ren) bring both water and a snack for these practices.

**Current Game Schedule:**

Attached is our current league schedule, which includes (14) games for J.V. and (16) games for VARSITY.

**SCHEDULE CHANGE NOTE: The MMCA vs. ALTA game has been RESCHEDULED for WEDNESDAY, January 11<sup>th</sup> – there is NO GAME on January 5<sup>th</sup>.**

Additionally, there is a possibility of a couple non-league games being added for both teams. For most away games, we will be leaving campus early. The times will change depending on the distance being traveled, and we will email families regularly with up to date information on departure times.

**Transportation:**

We will be carpooling to all of our AWAY games. We are going to need parent assistance with transportation (just like on field trips).

**Permission Slips:**

All athletes need to have completed permission slips on file before they can play. The permission slip is included as a part of this packet.

**Athlete Code of Conduct:**

We have a code of conduct for all participants on our athletic teams, available for download HERE.

[http://media.wix.com/ugd/4b8266\\_4a8bdd27b70344bca0c19f3e45664de7.pdf](http://media.wix.com/ugd/4b8266_4a8bdd27b70344bca0c19f3e45664de7.pdf)

Please review it with your child(ren) and have them sign the acknowledgment that they've read it and will agree to follow it.

If you have any questions, please free to contact Coach Boothby ([brent@mmcharter.org](mailto:brent@mmcharter.org)). We look forward to an exciting season!

Sincerely,

Brent Boothby,  
M.M.C.A. Boys' Basketball Coach



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### M.M.C.A. After School Activities / Club / Athletics Permission Slip 2016-2017

**Activity/Sport/Club:**      **Boys' Basketball**\_\_\_\_\_ (ex. basketball, volleyball, etc.)

**My son/daughter** has permission to participate on the above mentioned activity/sport/club. This will entitle my son/daughter to attend events related to the activity/sport/club both at school and away from school. While at events away from school, he/she will be under the direct supervision of the head coach/activity/club coordinator and will be required to abide by all rules set forth in the MMCA Athletes' Code of Conduct policy.

Volunteer Program Contribution for ATHLETICS:      **\$30**

- The VPC for ATHLETIC TEAMS includes league fees to pay for officials for the games
- If you need scholarship assistance with the VPC for ATHLETIC TEAMS, please check this box

**Medical/Insurance Coverage for my Son/Daughter:** \_\_\_\_\_

**Insurance Plan:**      \_\_\_\_\_      **Policy #:**      \_\_\_\_\_

**Family Physician: Physician Phone #:**      \_\_\_\_\_

**Parent/Guardian's Name: Home Phone #:**      \_\_\_\_\_

**Work Phone #:**      \_\_\_\_\_

**Email Address (for team distribution list):**      \_\_\_\_\_

**In case of an emergency when the parents cannot be reached, please contact:**

**Name:**      \_\_\_\_\_      **Phone #:**      \_\_\_\_\_

In case of an accident or other emergency, if a parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements, as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. I further authorize the physician named above to undertake such care and treatment of my child, as he/she considers necessary. I authorize medical and/or hospital care and treatment to be performed by any licensed physician or surgeon.

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_