

2010-2011 BASKETBALL SEASON

Basketball Director: Rosemary Whelan
Phone: 407-963-5667
Email: Rosemary@SpecialOlympicsSeminoleCounty.org



BASKETBALL AREA GAMES

Date	Saturday, January 14, 2012	
Departure Time	Athletes must arrive to EASTMONTE PARK by 7:30am. Transportation will be provided for athletes and coaches. <i>*If you are meeting us at the location please arrive by 8:45am for 3 on 3 teams and 8:15am for Individual Skills .</i>	
Return Time	We are anticipating arriving back at EASTMONTE PARK no later than 4:00pm. If we are arriving at a different time the parents will be contacted at the number listed on the athlete permission slip.	
Location	Transportation Drop Off: Eastmonte Park, 830 Magnolia Drive, Altamonte Springs FL, 32701 3 on 3 Teams: Competition Begins at 9:00am Piedmont Lakes Middle School 2601 Lakeville Rd, Apopka, 32703 Individual Basketball Skills: Competition Begins at 8:30am Gotha Middle School 9155 Gotha Road, Windermere, FL 34786	
Information	<ul style="list-style-type: none"> • Please wear your Seminole County shirts to the competition. (red or blue) • Lunch WILL NOT be provided so please make sure to bring a bag lunch. • We will be providing extra water during the tournament. • A Seminole County permission slip must be signed before the athlete can get on the bus. • If your athlete will be leaving with you and not returning on the bus from the competition, then you must fill out a Competition Parental Release Form and give it to the head coach of your athlete's team. • Uniforms will be given to the athletes by their head coach the day of the tournament. • All uniforms MUST be returned to the head coach at the END of the tournament. 	
Directions	<p>From Eastmonte to Gotha Middle School Go East on Magnolia Dr. Turn Left onto Ronald Regan Blvd. Turn Left on onto 436/Altamonte Dr. Take I-4 towards Orlando. Take the SR-423/Lee Rd exit, Exit 88. Take Right onto Lee Rd/FL-423 S. Continue to follow FL-423 S. Turn Right onto Colonial Drive W./FL-50 W. Turn Left onto Hiwassee Rd N. Turn Right onto Old Winter Garden Rd/CR-526 W. Turn Left onto S Apopka Vineland Rd/CR-435 S. Turn Right onto Wilkening Farm Rd. Turn Right onto Gotha Rd. End 9155 Gotha Rd Estimated Time: 30 minutes</p>	<p>From Eastmonte to Piedmont Lakes Middle School Go East on Magnolia Dr. Turn Left onto Ronald Regan Blvd. Turn Left on onto 436/Altamonte Dr. Turn Left on Piedmont Wekiwa Raod Turn Right onto Apopka Blvd/County Rd 424 Turn Left onto Lakeville Rd Estimated Time: 24 minutes</p>
Contact	<p><i>Please contact your team's coach with questions.</i> Basketball Director: Rosemary Whelan, Phone: 407-963-5667 Email: Rosemary@SpecialOlympicsSeminoleCounty.org</p>	

SPECIAL OLYMPICS SEMINOLE COUNTY

Please try to return your permission slip ASAP so we can order transportation. Return your permission slip to your Head Coach or submit it by:

- Fax: 407-637-2370
- Mail: PO Box 520742 Longwood FL 32752
- Email: Rosemary@SpecialOlympicsSeminoleCounty.org



PARENTAL PERMISSION SLIP & CODE OF CONDUCT REMINDER

I HEREBY GIVE PERMISSION FOR MY ATHLETE: _____

TO ATTEND: 2012 BASKETBALL AREA GAMES ON JANUARY 14, 2012

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PHONE NUMBER: _____

IN CASE OF AN EMERGENCY OR EARLY/LATE ARRIVAL _____

ATHLETE: I AGREE TO FOLLOW ALL THE RULES OF THE CODE OF CONDUCT FOR SPECIAL OLYMPICS FLORIDA AND SEMINOLE COUNTY. I UNDERSTAND THAT VIOLATION OF THESE RULES MAY RESULT IN MY BEING REFUSED ANY FUTURE PARTICIPATION IN SPECIAL OLYMPICS FLORIDA AND SEMINOLE COUNTY EVENTS

ATHLETE SIGNATURE: _____

DATE: _____

MEDICATION INFORMATION DURING TRIP

MEDICATION NAME	AMOUNT TAKEN	WHEN/FREQUENCY	SPECIAL INSTRUCTIONS

TRANSPORTATION

- YES! ATHLETE WILL RIDE THE BUS TO THE COMPETITION
- NO, ATHLETE WILL GET THEIR OWN TRANSPORTATION TO THE COMPETITION

ADDITIONAL INFORMATION...

IS THERE ANYTHING WE NEED TO KNOW ABOUT YOUR ATHLETE:

SLEEPING HABITS/TENDANCIES, BEHAVIORAL ISSUES/CONCERNS, FOOD PRODUCTS TO AVOID, ETC...

PARENTAL EARLY RELEASE FORM

FILL THIS FORM OUT ONLY IF YOU WILL BE LEAVING THE COMPETITION EARLY WITH YOUR ATHLETE.

I, _____, parent/legal guardian of _____,
(parent/legal guardian) (print athlete name)

a Special Olympics Florida Athlete, do hereby assume all responsibility for my son/daughter.

I acknowledge that I am taking him/her after all competition has been completed, during the

2012 Fall Classic State Games, but prior to the team departing for home. I assume all liability
(competition name)

for _____ as of _____ on _____. At that time,
(athlete name) (time) (date)

I am relieving the County Program and SOFL of all responsibilities and liabilities for this athlete.

The Head of Delegation must be notified prior to releasing athlete to parent's/guardian's custody. **An athlete may not be taken from the delegation until after competition is completed.** Athletes may not spend the night with their parent/guardian until competition has been completed. The athlete must travel to the competition with the delegation. **Special Olympics Florida's policy prohibiting recreational swimming, from the time the delegation leaves the county until the time the delegation returns to the county, is still in effect, even if an athlete has been released to the parent/guardian, by the delegation.**

I have read and understand the above provisions, and agree to them.

Parent/Legal Guardian

(Print First and Last Name)

(Signature)

Head of Delegation

(Signature)