

Lakes District Secondary School

PO Box 3000 Burns Lake, BC V0J 1E0 Telephone (250) 692-7733 Fax (250) 692-4231

2022-2023 JUNIOR BOYS BASKETBALL SCHEDULE

| DATE | TEAMS | TIME |
|-------------------------|----------------------------|---------|
| Monday, December 5th | FLESS @ LDSS | 4:45 PM |
| Wednesday, December 7th | LDSS @ NVSS 1 | 4:45 PM |
| Monday, December 12th | LDSS @ NSC | 3:30 PM |
| Wednesday, January 4th | LDSS @ FLESS | 4:45 PM |
| Monday, January 9th | NSC @ LDSS | 3:30 PM |
| Wednesday, January 11th | LDSS @ NVSS 2 | 4:45 PM |
| Wednesday, January 18th | NVSS 2 @LDSS | 4:45 PM |
| Monday, January 23rd | FSJ @ LDSS | 3:30 PM |
| Wednesday, February 1st | NVSS @ LDSS | 4:45 PM |
| | JR BOYS DISTRICTS AT FLESS | |
| Saturday, February 4th | (6 Teams) | |

| February 10th/11th | JR BOYS ZONES (Quesnel) |
|--------------------|-------------------------|
|--------------------|-------------------------|

School District No. 91 (Nechako Lakes) policy states that the school needs to inform parent/guardians of the rules that the students should adhere to while on a school trip. All school rules apply (i.e., no smoking, drinking, use of drugs, dress code, etc.)

TRAVEL PERMISSION REQUEST

| <u> </u> | of |
|---|-----------------------------------|
| (Parent/Guardian) | (Student's name) |
| give permission for my child to Junior Boys Basketball Team. | voluntarily take part in the LDSS |
| Signature: | |
| (Parent/Guardian) | |

MEDICAL INFORMATION

| Name of Student: | | | |
|--------------------------------|--------------|-------------|--------------------------|
| ddress: | | | |
| ate of Birth: | | | |
| are card number: | | | |
| mergency person: | | | Phone number: |
| amily Doctor: | | | Phone Number: |
| ledical Alerts: | | | |
| erious known allergies: | | | Precautions to be taken: |
| | | | |
| | | | |
| | | | |
| | | | |
| nown allergies to medication | ıs: | | |
| llergy injections or drugs cur | rently presc | ribed: | |
| aily medication required: | Yes | No | Name of drug |
| 1. Diabetes | | | _ |
| 2. Epilepsy | | | |
| 3. Other | | | |
| s there any other information | you fool we | s abould k | now about your abild? |
| s triefe arry other imormation | you leer we | s Siloula k | now about your crilid? |
| | | | |
| | | | |
| Parent Signature: | | | |