To: All Students in grades K-4
From: Coach Alex Aschim
Re: Youth Basketball
Date: 11/19/2025

Dear Future Wildcats/Refiners and Parents,

I'm writing to you again to begin our youth basketball program. This program began many years ago with very dedicated people serving our community. I'm excited to continue to provide this great tradition and program. Youth basketball allows students to participate in basketball from a young age to create excitement for participation in all sports as these young students get older. Youth basketball participants would practice every Saturday morning from 9-10 am. Then, these basketball stars would get the opportunity to play a game at halftime of the high school basketball games in front of fans.

A couple ground rules to go over: athletes are encouraged to be at practice on the Saturday before games to participate in the game. Students will not be able to participate in games without the effort of coming to practice. Students will also need inside ONLY shoes (PE shoes are fine- which they can grab the morning of practice, and just remember to bring them to the high school for games), and athletic wear (shorts and tshirt, etc.). Please understand that when student/athletes are attending basketball games at the high school, they are expected to sit and watch the game. If children are running around and being disruptive, they will be asked to leave and will not be allowed to participate in the games that night, and maybe future games.

Without further ado, I'd like to kick off the youth basketball season right away this new year so we can maximize our time together. Our first practice will be Saturday, January 11th at 9 AM in the elementary school gym. Please sign the attached permission and waiver form and return on Saturday **or before** to the elementary school office. We will practice again on January 18th and have our first game scheduled for Saturday, January 18th, at the high school gym. I will be sending out more information and it will also be posted on the Sunburst Schools' Facebook Page. I also have a Remind group for Youth Basketball. If you have previously joined the Remind group, there's a new one this year, so you will need to rejoin. Please join this Remind, as this is the ONLY way I will be communicating changes to practices and games. If you are not on this Remind group, you will not get the updates, and I will not be responsible for information you did not receive by not signing up for the Remind.

Join Remind!
Computer: go to https://www.remind.com/join/37c243b
Phone: text the message @37c243b to the number: 81010

Please don't hesitate to reach out with any questions you might have, my cell phone number and email are at the bottom of this page. Once I see how many participants we have this year I will get a schedule out to you ASAP. Our first game will be at the home games on Friday, January 16th vs. CJI.

I can't wait to see everyone's bright, shining faces Saturday morning! Please be at the **ELEMENTARY GYM by 9:00 AM Saturday, November 22nd!**

Thank you so much!

Alex Aschim
406-450-8759
aaschim@sunburst.k12.mt.us

Tentative Practice/Game Schedule

Practices:
Saturday, November 22, 9-10 am
Saturday, December 5, 9-10 am
Saturday, January 10, 9-10 am
Saturday, January 17, 9-10 am
Saturday, January 24, 9-10 am
Saturday, January 31, 9-10 am
Saturday, February 7, 9-10 am

Games:
Friday, January 16
Saturday, January 17
Friday, January 23
Saturday, January 24
Saturday, January 31
Friday, February 6
Saturday, February 7

Remember this is subject to change (and probably will!) So please sign up for the Remind group.

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Basketball Waiver Form

By my signature below, I acknowledge that I am aware of and voluntarily assume the risks involved in participating in all activities associated with basketball. By my signature below, on behalf of my child, I hereby:

1. Agree to hold harmless the Sunburst School District and all those assisting in the youth basketball program;
2. Consent for my child to receive any medical treatment deemed advisable in the event of injury, accident or illness during these activities; and
3. Acknowledge that a participant under 18 years of age must have a parent/legal guardian signature to participate.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER OF LIABILITY AND RELEASE AGREEMENT. I CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant Printed Name _____ Grade_____

Parent/Guardian Signature _____

Date_____ Parent Phone Number_____