

# **Gurrie Basketball**

## **2024-2025**

## Welcome Boys' Basketball 2024-2025

Congratulations on making the Boys Basketball Team. We look forward to a season of hard work as we will put a high emphasis on the basics of the game. We expect all of our athletes to attend all practices and games as playing time will be affected if games and practice are missed. Please make sure to review all of the contents of this packet where you will find our practice and game schedule, conference school locations and the student athletic contract that must be turned in to Coach Pontrelli or Coach Wilkinson. If you have any questions please feel free to contact us via email at: [awilkinson@d105.net](mailto:awilkinson@d105.net) or at [jpontrelli@d105.net](mailto:jpontrelli@d105.net). You may contact us with questions at the school also at 708-482-2720.

Thank you,

Coach Alex Wilkinson  
Coach Joe Pontrelli

## Participating Schools Contact and Address

**Gurrie Middle School 1001 S. Spring Ave La Grange, IL 60525  
708-482-2720**

**Park Junior High School 325 N. Park Rd. La Grange, IL 60525  
708-482-2500**

**Pleasantdale Middle School 7450 S. Wolf Rd. Burr Ridge, IL 60527  
708-246-3210**

**McClure Junior High 4225 Wolf Rd. . Western Springs, IL 60558  
708-246-7590**

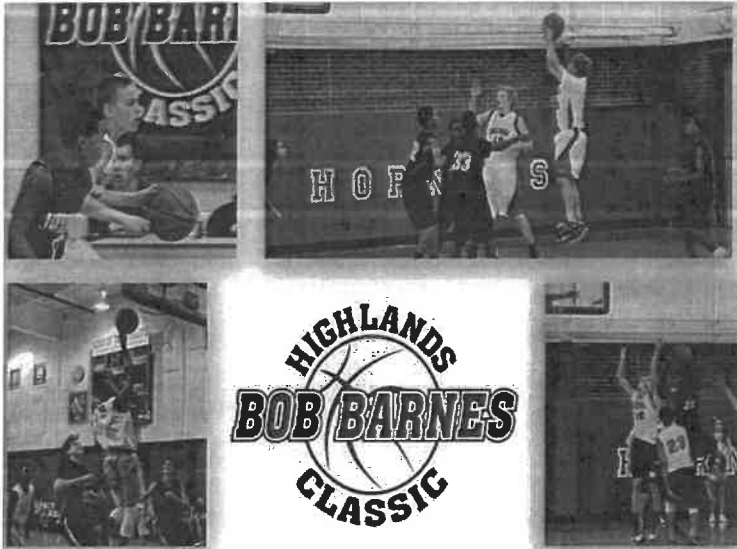
**Highlands Middle School 1850.W. Plainfield Rd. La Grange L, 60525  
708-579-6890**

**Westchester Middle School 1620 Norfolk Ave Westchester, IL 60154  
708-450-2735**

**Willow Springs Elementary 8345 Archer Ave Willow Springs , IL 60480  
708-839-6828**

**Washington Middle School 8101 Ogden Ave. Lyons, IL 60534  
708-783-4200**

**7<sup>th</sup> and 8<sup>th</sup> Grade Boys' Basketball Tournament**  
**Saturday, November 16, 2024**  
**Hosted by Highlands Middle School**  
**1850 Plainfield Road, La Grange, IL 60525**



**Who is Bob Barnes?**

Mr. Bob Barnes was a 4<sup>th</sup> grade teacher at Highlands who was dedicated to his profession, and also had a passion for basketball. Mr Barnes passed away suddenly in 2007, yet his legacy still holds strong at Highlands in the classroom and basketball floor.

**Tournament Rules:**

- Two- 15minute halves with running clock.
- Clock stops for timeouts and the last minute of each half.
- At least a five minute warm up before each game.
- Three minutes for halftime
- No press if you are up by 20 points.
- Timeouts: 3 full timeouts/game.
- Overtime: 1<sup>st</sup> basket wins, it can be a 1, 2, or 3 point basket.

**Results:**

- Best Record wins.
- If there are two teams with the same record, tie breaker is based on fewest points against.
- If there is still a tie, we will do a coach's free throw (2 shots) competition to determine the winner.

**Fee: \$200.00**

- Includes both 7<sup>th</sup> and 8<sup>th</sup> grade team.
- Checks can be mailed to above address, payable to D106 Educational Foundation or given to Becca Fitzgerald on 11/16.

**7<sup>th</sup> Grade Schedule:**

- 8:00am St. Johns vs. Brooks
- 8:50am Brooks vs. Highlands
- 9:40am Gurrie vs. St Johns
- 10:30am Highlands vs. St Johns
- 11:20am Gurrie vs. Brooks
- 12:10pm Gurrie vs. Highlands

**8<sup>th</sup> Grade Schedule:**

- 1:15pm St. Johns vs. Brooks
- 2:05pm Brooks vs. Highlands
- 2:55pm Gurrie vs. St Johns
- 3:45pm Highlands vs. St. Johns
- 4:35pm Gurrie vs. Brooks
- 5:25pm Gurrie vs. Highlands

# October 2024

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
21	22	23	24	25	26
Parent Teacher Conferences	Day 1 of 8th Grade Try-outs	Parent Teacher Conferences	Day 2 of 8th Grade Try-outs/Day 1 of 7th Grade try-outs	Day 2 Try-outs 7th Grade	No Practice
28	29	30	31	Nov 1.	Nov 2.
First Practice 3:15pm to 5:30pm	Practice 3:15pm to 5:30pm	Optional Morning Shootaround 7:10am to 8:00am	Morning Practice 7:00am to 8:00am	Practice 3:15pm to 5:30pm	No Practice

## November 2024

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	4	5	6	7	8
Practice 3:15pm to 5:30pm	Election Day- No Practice	Optional Morning Shootaround 7:00am to 8:00am	Game (Home) vs Westchester	Morning Practice 7:00am to 8:00am	No Practice
	11	12	13	14	15
Practice 3:15pm to 5:30pm	Game (Home) vs Pleasantdale	Optional Morning Shootaround 7:00am to 8:00am	Game (Away) @ Park Red	Practice 3:15pm to 5:30pm	Bob Barnes Tournament @ Highlands Middle School
	18	19	20	21	22
Game (Home) vs Willow Springs	Game (Home) vs Highlands	Optional Morning Shootaround 7:00am to 8:00am	Game Away vs McClure Red	Practice 3:15pm to 5:30pm	No Practice
	25	26	27	28	29
Practice 3:15pm to 5:30pm	No Practice	No Practice	No Practice	No Practice	No Practice
					30
					No Practice

December 2024						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
2	3	4	5	6	7	
Game (Home) vs Washington Blue	Game (Away) @ Pleasantdale	Optional Morning Shootaround 7:00am to 8:00am	Game (Away) @ Park Blue	Practice 3:15pm to 5:30pm	No Practice	
9	10	11	12	13	14	
Game (Away) @ McClure White	No Practice	Optional Morning Shootaround 7:00am to 8:00am	Game (Away) @ Washington Red	Practice 3:15pm to 5:30pm	No Practice	
16	17	18	19	20	21	
Practice 3:15pm to 5:30pm	Game (Away) @ Highlands	Optional Morning Shootaround 7:00am to 8:00am	Game (Home) vs Park Red	No Practice	No Practice	
23	24	25	26	27	28	
No Practice	No Practice	No Practice	No Practice	No Practice	No Practice	
30	31	Jan. 1	Jan 2	Jan 3	Jan 4	
No Practice	No Practice	No Practice	No Practice	No Practice	No Practice	
January 2025						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6	7	8	9	10	11	
Practice 3:15pm to 5:30pm	Practice 3:15pm to 5:30pm	Optional Morning Shootaround 7:00am to 8:00am	Game (Away) @ Willow Springs	Hodgkins Park District Tournament	Hodgkins Park District Tournament	
13	14	15	16	17	18	





Turn - In



**School District 105**  
Countryside • Hodgkins • La Grange  
701 S. Seventh Ave.  
La Grange IL 60525-2798

Phone: (708) 482-2700  
Fax: (708) 482-2727  
Website: www.d105.net

**Each student and his or her parent/guardian must read and sign this Agreement to Participate each year before being allowed to participate in interscholastic athletics or intramurals athletics. The completed Agreement should be returned to the Coach.**

**Student Name (printed):** \_\_\_\_\_

1. I wish to participate in the interscholastic athletics or intramurals athletics that are circled: basketball; cheerleading, cross country, marching band, soccer, softball, volleyball, wrestling, other (identify sports) \_\_\_\_\_. (Another Agreement must be signed if the student later decides to participate in a sport not circled above).
2. I acknowledge reading the eligibility rules of any group or association sponsoring any athletic activity in which I want to participate and I agree to abide by them.
3. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
4. In understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches, physician assistant, treating advanced practice registered nurse, or a certified athletic trainer working under the supervision of a physician.
5. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school-sponsored interscholastic sport(s) or intramural athletics. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Turn - In



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Phone: (708) 482-2700  
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Website: www.d105.net

**To be read and signed by the pare/guardian of the student:**

1. I am the parent/guardian of the above named student and give my permission for my child to participate in the interscholastic sport(s) or intramural athletics indicated. I have read the above *Agreement to Participate* and understand its terms.
2. I understand that all sports can involve many **risks of injury**, and I understand that the degree and seriousness of risk may vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

### 7:305 Student Athlete Concussions and Head Injuries

The Superintendent or designee shall develop and implement a program to manage concussions and head injuries suffered by students. The program shall:

1. Fully implement the Youth Sports Concussion Safety Act, that provides, without limitation, each of the following:
  - a. The Board must appoint or approve member(s) of a Concussion Oversight Team for the District.
  - b. The Concussion Oversight Team shall establish each of the following based on peer-reviewed scientific evidence consistent with guidelines from the Centers for Disease Control and Prevention:
    - i. A return-to-play protocol governing a student's return to interscholastic athletic practice or competition following a force of impact believed to have caused a concussion. The Superintendent or designee shall supervise an athletic trainer or other person responsible for compliance with the return-to-play protocol.
    - ii. A return-to-learn protocol governing a student's return to the classroom following a force of impact believed to have caused a concussion. The Superintendent or designee shall supervise the person responsible for compliance with the return-to-learn protocol.
  - c. Each student and the student's parent/guardian shall be required to sign a concussion information receipt form each school year before participating in an interscholastic athletic activity.
  - d. A student shall be removed from an interscholastic athletic practice or competition immediately if any of the following individuals believes that the student sustained a concussion during the practice and/or competition, a coach, a physician, a game official, an athletic trainer, the student's parent/guardian, the student, or any other person deemed appropriate under the return-to-play protocol.
  - e. A student who was removed from interscholastic athletic practice or competition shall be allowed to return only after all statutory prerequisites are completed, including without limitation, the return-to-play and return-to-learn protocols developed by the Concussion Oversight Team. An athletic team coach or assistant coach may not authorize a student's return-to-play or return-to-learn.
  - f. The following individuals must complete concussion training as specified in the Youth Sports Concussion Safety Act: all coaches or assistant coaches (whether volunteer or a district employee) of interscholastic athletic activities; nurses; licensed healthcare professionals or non-licensed healthcare professionals who serve on the Concussion Oversight Team (whether or not they serve on a volunteer basis); athletic trainers; game officials of interscholastic athletic activities; and physicians who serve on the Concussion Oversight Team.
  - g. The Board shall approve school-specific emergency action plans for interscholastic athletic activities to address the serious injuries and acute medical conditions in which a student's condition may deteriorate rapidly.
2. Comply with the concussion protocols, policies, and by-laws of the Illinois High School Association, including its Protocol for Implementation of NFHS Sports Playing Rules for Concussion, which includes its Return to Play (RTP) Policy. These specifically require that:
  - a. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion in a practice or game shall be removed from participation or competition at that time.
  - b. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
  - c. If not cleared to return to that contest, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois, advanced practice registered nurse, physician assistant or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.
3. Require all student athletes to view the Illinois High School Association's video about concussions.
4. Inform student athletes and their parents/guardians about this policy in the Agreement to Participate or other written instrument that a student athlete and his or her parent/guardian must sign before the student is allowed to participate in a practice or interscholastic competition.
5. Provide coaches and student athletes and their parents/guardians with educational materials from the Illinois High School Association regarding the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury.
6. Include a requirement for staff members to notify the parent/guardian of a student who exhibits symptoms consistent with that of a concussion.

LEGAL REF.:

105 ILCS 5/22-80.

105 ILCS 25/1.15.

CROSS REF.: 4:170 (Safety), 5:100 (Staff Development Program), 7:300 (Extracurricular Athletics)

ADOPTED: February 26, 2018

I have read and understand all of the above regarding student athlete concussions and head injury policies, protocols and by-laws.

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GURRIE MIDDLE SCHOOL  
TEAM EXPECTATIONS AGREEMENT**

Welcome to the interscholastic team sports at Gurrie. We are a member of the Lyons Township Elementary School Athletic Conference, and the competition in each sport is governed by the rules of the conference, which have been developed and approved by representatives of each school at annual conference meetings.

Please read the information below with your parents, sign where indicated and return to your coach. The return of the signed form indicates that you understand its provisions and agree to the expectations for team sport participation at Gurrie.

1. I understand and agree that team practices are very important to the success of the team and my own development as an athlete. Attendance is expected at every practice. An absence or tardy must be followed by a written reason from a parent or teacher. Coaches often make decisions about playing time based on attendance at practice.
2. I understand that in sports, playing time will be based on skill level determined by my coach and positive attitude.
3. I understand and agree that the rewards of interscholastic athletic competition include developing character, learning physical skills, and learning cooperative skills, as well as improving team performance. The rewards can be earned regardless of the role that is played on the team.
4. I understand and agree that as part of this team at athletic events I represent Gurrie Middle School, as well as myself, and exemplary conduct is expected at all times.
5. I understand and agree to the rules and guiding eligibility and conduct in the student/parent handbook.

A signature below indicates an agreement to abide by the expectations outlined above. Failure to abide by any part of the agreement may result in disciplinary consequences imposed by the coach, athletic director, dean or principal.

Print Student Name: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_