Recreation Services

3500 South Rural Road, Tempe, AZ 85282

CITY OF TEMPE SPORTS-FALL 2012 YOUTH HOOPS CLINIC

K-8TH GRADE CLINIC:

* Develop and enhance your basketball skills with the amazing youth hoops staff.
* Participants will receive a clinic t-shirt. Please bring your favorite, family owned basketball.
* This grade-based, two-hour clinic is great preparation for upcoming winter season play.
* The professionals never stop working on their fundamentals, and neither should you!
* We have carefully tailored each station's drills to fit each grade level. No experience needed.
* There will be FREE ASU Athletic Giveaways.

Program Codes	Gender	Grade	Dates	Times
31414	Boys/Girls	Gr. K-3rd	Sat 11/10 & 11/17	9:30am-11:30am
31415	Boys/Girls	Gr. 4th- 8th	Sat 11/10 & 11/17	9:30am-11:30am

Program Location:
Kiwanis Recreation Center Gymnasium
(6111 S. All America Way, Tempe)

Contact **Keyon Cornejo** with interest in volunteering, program questions or concerns.
(480) 350-5222 or keyon_cornejo@tempe.gov

NON-TEMPE RESIDENTS ARE ALWAYS WELCOME

Fee: $33 **SCHOLARSHIPS AVAILABLE**

**MUST VERIFY ENROLLMENT IN STATE SUBSIDY PROGRAM

Easy to Register! Mail-In or Drop-Off Monday-Friday, 8 AM-5 PM **(Deadline: November 16th)**
FAX: 480-350-5058 (Debit or Credit payment only),
ON-LINE: www.tempe.gov/youthsports (Debit or Credit payment only)

Keep Top Portion for future reference

Hoops Clinic Registration Form* photos may be taken during programs for City of Tempe Use* Fall 2012

Participant Name:_____ Date of Birth _____ Age _____ Sex _____

Address: _____ APT # _____ City _____ Zip _____

Phone: Eve _____ Day _____ School _____ Grade (In Fall) _____

Parent's Name:_____ Email._____ Previous Participant: Y N

Please Circle One: K-3rd - 31414 4th-8th - 31415

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.

I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate:____
_____.

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

_____ / _____ _____

REQUIRED: Parent or Legal Guardian Signature AND Printed Name Date

Fee: $_____ **Credit Card Number** _____--_____--_____--_____ **Exp. Date:** _____

Enclosed Check # _____ **OR** **Signature Authorizing Charge to above number** _____