Recreation Services

3500 South Rural Road, Tempe, AZ 85282

CITY OF TEMPE SPORTS-WINTER 2013 REC HOOPS

4TH-8TH GRADE REC HOOPS

1ST DAY (JAN. 12TH) PROGRAM TIMES:

CO-ED 4TH-5TH GRADE REC HOOPS: GRACE COMMUNITY SCHOOL 10:00AM-12:00PM
6th-8th Grade GIRLS REC HOOPS: GRACE COMMUNITY SCHOOL 12:00PM-2:00PM
6th-8th GRADE BOYS REC HOOPS: ESCALANTE COMMUNITY CENTER 3:00PM-5:00PM

* Improve your game with the help of officials, electronic scoreboards, reversible jerseys and amazing coaches.
* Teams will be determined at the conclusion of the 1st Day Skills Assessment
* Additional practices will be held during a weekday evening.
* End of the Season Single Elimination Tournament

Program Codes	Gender	Grade	Dates	Times
32120-GRA	Boys/Girls	Gr. 4 & 5	Sat1/12-3/2	11:00am/12:00pm/1:00pm/2:00pm
32121-ESC	Boys	Gr. 6-8	Sat1/12-3/2	1:00pm/2:00pm/3:00pm/4:00pm
32122-GRA	Girls	Gr. 6-8	Sat 1/12-3/2	3:00pm/4:00pm

GRA=Grace Community School: 1200 E Southern Ave Tempe, AZ
ESC=Escalante Community Center: 2150 E. Orange St. Tempe, AZ

Fee: **$ 86 **SCHOLARSHIPS AVAILABLE****
****MUST VERIFY ENROLLMENT IN STATE SUBSIDY PROGRAM**

NON-TEMPE RESIDENTS ARE ALWAYS WELCOME

Easy to Register! Mail-In or Drop-Off Monday-Friday, 8 AM-5 PM **(Deadline: January 25th)**
FAX: 480-350-5058 (Debit or Credit payment only),
ON-LINE: www.tempe.gov/youthsports (Debit or Credit payment only)

photos may be taken during programs for City of Tempe Use

Keep Top Portion for future reference

Rec Hoops Registration Form WINTER 2013

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

Address: _____ APT # _____ City _____ Zip _____

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

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

Coach/Friend Request: _____ _____ _____

Please Circle One: 4th/5th: 32120 6th-8th Boys: 32121 6th-8th Girls: 32122

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** _____