City of Tempe

SUMMER 2013 K-4TH SMALL BALL HOOPS

NON-TEMPE RESIDENTS ARE ALWAYS WELCOME

Photos may be taken during programs for City of Tempe Use

* Coach Key's youth hoops staff will assist your child's development with the game of basketball.
* Sportsmanship and teamwork concepts will assist student athletes in the understanding of defense, ball handling, passing and shooting.
* First two weeks of Small Ball, has an exciting basketball camp atmosphere emphasizing skills and drills.
* The remaining weeks of the season will consist of a practice, followed by four (4) six (6) minute quarter games.
* All-Star Weekend Experience, Award Celebrations, Peter Piper Pizza End of the season team celebration, and certificate of Small Ball Completion.

Program Location:
GIL = Gililland Middle School 1025 S. Beck Ave Tempe, AZ

Dates For All Programs:
Saturdays only June 8th- July27th

Program Time:
Boys/Girls K – 2nd: 9:00am – 10:15am
Boys 3rd - 4th: 10:30am – 11:45am
Boys/Girls 3rd – 4th: 11:45am-1:00pm

Program Codes (Based on Fall 2013 Grade):
35328 = Boys/Girls K – 2nd
35329 = Boys/Girls 3rd - 4th
36203= Boys/Girls K-2nd

Easy to Register!

MAIL-IN OR DROP OFF Monday-Friday, 8 AM-5 PM
(Recreation Services 3500 S. Rural Rd. 2nd Floor)
FAX: 480-350-5058 (Debit or Credit payment only)
ON-LINE: www.tempe.gov/youthsports
(Debit or Credit payment only)

Fee: $86.00 Per Child **Scholarships available**
**MUST VERIFY ENROLLMENT IN STATE SUBSIDY PROGRAM
& BE A TEMPE RESIDENT OR CHILD ATTENDS A TEMPE SCHOOL

EARLY-BIRD REGISTRATION
APR. 27TH - MAY 5TH
FEE: $75

Keep Top Portion for future reference

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Small Ball Hoops Registration Form — Summer 2013

Participant Name:__________ Date of Birth______ Age______ Sex______

Address: __________ APT #______ City______ Zip______

Phone: Eve______ Day______ School______ Grade (Fall 2013)______

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

Please Circle One: K-2nd: 35328 3rd-4th: 35329 K-2nd: 36203

How did you hear about us? Library Brochure On-Line E-mail School Mail Facebook AZ Family

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** __________