

Winter 2010

Small Ball Hoops

Grades K-3rd



- ☞ The ultimate learning experience in a non-competitive environment!
- ☞ Introduction to Basketball: teaching the basics of shooting, ball handling, defense and passing.
 - ☞ The 1 hour sessions will be split by a practice followed by a game.
 - ☞ Registration is limited to 40 participants per hour, per site.
- ☞ *4th graders with no experience are encouraged to enroll in the 2nd&3rd grade Small Ball Program*
 - ☞ Season Begins Saturday January 16th, 2010

Course Code	League	Grades	Day	Times	Dates	Location
19638	Boys and Girls	K-1st	Saturdays	9:00am-10:00am	Jan. 16-Feb. 27	Kiwanis Recreation Center
19639	Boys	2nd-3rd	Saturdays	10:00am-11:00am	Jan. 16-Feb. 27	Kiwanis Recreation Center
19640	Girls	2nd-3rd	Saturdays	11:00am-12:00pm	Jan. 16-Feb. 27	Kiwanis Recreation Center
19641	Boys and Girls	K-1st	Saturdays	9:00am-10:00am	Jan. 16-Feb. 27	Escalante Community Center
19642	Boys and Girls	2nd-3rd	Saturdays	10:00am-11:00am	Jan. 16-Feb. 27	Escalante Community Center

Fee: \$78.65

*****FEE ASSISTANCE AVAILABLE*****

Easy to Register!

Mail-In or Drop-Off Monday-Friday, 8 AM-5 PM (Deadline: January 15th, 2010)
 FAX: 480-350-5058 (Debit or Credit payment only)
 ON-LINE: www.tempe.gov/sports (Debit or Credit payment only)



**Photos may be taken during games for use and ownership of City of Tempe*

Small Ball Hoops Registration Form				Winter 2010	
Participant Name: _____	Date of Birth _____	Age _____	Sex _____		
Address: _____	APT # _____	City _____	Zip _____		
Phone: Eve _____	Day _____	School _____	Grade (Winter '10) _____		
Parent's Name: _____	Email _____	Previous Experience _____			
Please Circle One:	19638	19639	19640	19641	19642
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 _____

