

# FALL 2009 HOOPS CLINIC

4<sup>th</sup>-8<sup>th</sup> Graders

**Do you want to be become a better ball player?**

This grade based 2 weekend clinic is designed for the boys and girls who want to enhance their individual skills in an **EXHILARATING ATMOSPHERE!** Come and **LEARN** the key strategies of basketball as you strengthen and develop your game. No experience needed!  
**COME JOIN THE FUN!**

**To Register:**

Mail or bring in registration to:  
Parks and Recreation Office,  
2<sup>nd</sup> floor of the Library  
Mon.-Fri. 8am-5pm.  
Fax to: **480-350-5058**  
Online: [www.tempe.gov/sports](http://www.tempe.gov/sports)

**Questions:**

Please call: Keyon Cornejo,  
Senior Recreation  
Coordinator  
**480-350-5222**

**\*Non-Tempe Residents Are ALWAYS Welcome\***

**Course  
Code**

**League**

**Grades**

**Day**

**Times**

**Dates**

**Location**

**Cost**

Course Code	League	Grades	Day	Times	Dates	Location	Cost
18677	Boys and Girls	4th-5th	Saturdays	9:00am-11:00am	Nov.7/ Nov.14	Kiwanis Recreation Center	\$30.00
18678	Boys and Girls	6 <sup>th</sup> -8 <sup>th</sup>	Saturdays	12:00pm-2:00pm	Nov.7/ Nov.14	Kiwanis Recreation Center	\$30.00

Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Night / MOBILE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ Age \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

ACTIVITY CODE: \_\_\_\_\_ E-Mail \_\_\_\_\_  
(Required- see listings above)

**Waiver of Liability**

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

- 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 Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this 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 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 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 \_\_\_\_\_

**Payment**

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

Fee: \$ \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Enclosed Check # \_\_\_\_\_ OR Signature Authorizing Charge to above number

**Tempe Parks and Recreation Info: 480-350-5200 / TDD: 480-350-5050 [www.tempe.gov/sports](http://www.tempe.gov/sports)**

