

Richmond Parks & Recreation LITTLE HOOPSTERS INSTRUCTIONAL BASKETBALL CLINIC



FOR AGES 5 – 6 YEAR OLD
Mondays - November 2 – December 7, 2009
Registration Deadline: Oct. 22, 2009

This program is intended to develop the participant's individual basketball skills with drill practices and team skills development.

\$40 for one player \$70 for two players \$105 for three players

Child's Name _____ Date of Birth ____/____/____

Child's age as of 11/2/09: _____ Grade _____ Boy or Girl –circle one Shirt size _____

Parent/ Guardian Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Alternate cell _____

Emergency Contact _____ Phone _____

List below health concerns of registrant the Recreation Department should be aware of:

VOLUNTEERS NEEDED - I volunteer to help YES _____ NO _____

 I/We give permission for pictures to be taken of my / our child during practices or games. YES _____ NO _____
 I/We, the parents/ guardians of the above named candidate for a position on a Recreation team, hereby give my/our approval to participate in any and all recreation activities, including transportation to and from the activities. I/We know that participation in a sport's program may result in serious injuries and protective equipment does not prevent all injuries to players, and to hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Parks & Recreation Department, City of Richmond, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. I/We have read and fully understand the above program details and waive and release all claims.

Parent/Guardian Signature _____ Date _____

Richmond Recreation Department does not limit participation on the basis of disability, race, color, creed, national origin, gender or religious preference.

PROGRAM POLICIES: The Richmond Recreation Department reserves the right to cancel, combine or divide classes or programs; to change the time, date, fee or place of meeting or to make necessary revisions in any program when necessary.

NO REFUNDS EXCEPT FOR DOCTOR'S NOTE SHOWING INABILITY TO PARTICIPATE.

Please return to: City Collector's Office
 205 Summit
 Richmond, MO 64085.

Make checks payable to: **City Of Richmond**

Office Use Only
Amount paid \$ _____ Date Rec'd _____ By _____