

the  **ITTY**
BITTY
BASKETBALL

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INSTRUCTIONAL – BY: COACH DAVID

Itty Bitty Basketball instructional class is designed to introduce your 4- 5 year olds to the sport of basketball. This specific sport program will focus on basketball skills including dribbling, passing, catching, shooting and agility to help build your child's confidence and self-esteem. The environment of this program offers children a positive experience early in their sports exposure and will help to prepare them to play basketball in the future. **Class is limited to 8 participants.**

Rate: Member: \$40 / Non-Member \$60

**Wednesday's 9:45am-10:30am OR
Thursday's 9:45am-10:30am**

Session 4: 06/03/2019-07/06/2019

Session 5: 07/13/2019-08/17/2019

General Information:

- **Parents must be present during classes.****
- 6 Week Sessions
- Financial Assistance is available upon request .
- Class fee cannot be refunded or transferred.
- Register at the Front Desk





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PARTICIPANTS NAME: _____
SEX (M /F) AGE: _____ DOB: ____ / ____ / ____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PARENT/GUARDIAN NAME: _____
EMAIL: _____ PHONE NUMBER: _____
EMERGENCY CONTACT & RELATIONSHIP _____
PHONE # : _____ MEDICAL CONDITION, ETC.: _____

Session: _____ **Day:** _____ **Time:** _____

Participant Waiver:

Please **INITIAL or ANSWER** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below.

_____ **ADA Policy** (Required): Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ **Waiver for Medical Treatment** (Required): In the event that my child requires emergency treatment and I cannot be reached, I hereby authorize the Y to make arrangements to transport my child to the nearest hospital emergency facility. I also give my consent for any and all necessary medical treatment, if, in fact my child require the attention of a physician.

_____ **Waiver for Participation** (Required): I understand that Y activities have inherent risks and I hereby assume responsibility for all risks and hazards to my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my use of the facilities or participation in the Y program.

_____ **Waiver for Photo / Video / Audio Release** (Optional): I give my consent for any photos, video and/or audio taken of my child involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ **Change / Cancellation / Refund Policy** (REQUIRED): I understand that changes / cancellations / refunds are not permitted unless a physician's note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are at the discretion of the program director.

_____ **Compliance (REQUIRED)**: I have read the rules and policies for Gymnastics and will comply with everything listed.

Parent / Guardian Signature: _____ Date: _____