CITY OF TEMPE SPRING 2014 K-8TH HOOPS CLINIC

NON-TEMPE RESIDENTS ARE ALWAYS WELCOME

K - 8TH GRADE:

* This two-hour clinic will prep any athlete for upcoming seasons/leagues.
* Continued fundamental training; In-depth in game scenarios
* Athletes will receive a clinic t-shirt.
* Carefully tailored hoop stations to fit each grade level. No experience needed.
* You're welcomed to bring your favorite, family owned basketball (not mandatory).
* Grades based on Fall 2013 Grade.

K-8th Program Location:
Escalante Community Center
2150 E. Orange St.

K - 8th Program Dates:
Sat. Mar. 15th & 22nd

K - 8th Program Times:
10:00am – 12:00pm

K – 3rd Program Codes:
37617 = Co-Rec K-3rd

4th -8th Program Codes:
37618 = Co-Rec 4th-8th

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: $36.00 Per Child
Scholarships available
**MUST VERIFY ENROLLMENT IN
STATE SUBSIDY PROGRAM
& BE A TEMPE RESIDENT
OR CHILD ATTENDS A TEMPE SCHOOL

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

Coach/Friend Request: _____ _____ _____

Please Circle One: K-3rd Co-Rec: 37617 4th-8th Co-Rec: 37618

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. *Photos may be taken during programs for City of Tempe Use*

_____ / _____ _____
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** _____

Looking to Volunteer? Questions? Please do not hesitate to call. **480-350-5222 or keyon_cornejo@tempe.gov**