1st & 2nd Grade Basketball Clinic



<u>PROGRAM PHILOSOPHY</u>: The mission of all Wahoo Parks and Recreation youth sports programs is to promote a fun, yet challenging environment in which participants are introduced to and taught the basics of a given sport. The program is strictly recreational in nature and emphasizes equal opportunity for involvement and participation.

<u>REGISTRATION</u>: Now through Friday, December 27th or until the clinic sessions are full. Complete and detach the registration form below and return with appropriate registration fee or register online at www.wahooparksandrec.com.

PROGRAM DETAILS: This is a weekly clinic consisting of four, 50-minute skill sessions held Saturday mornings. Clinic dates are: January 4th, 11th, 18th and 25th. Choose from clinic times of 9:30am, 10:30am, or 11:30am. All clinic sessions will be held at the Civic Center and led by former Doane University player Karley Golladay. The clinic will introduce participants to the fundamental skill sets necessary for participation in the sport. If questionable weather conditions develop, the WP&R hotline (443-4500) will be updated by 8:30am. All players must wear tennis shoes with non-marking soles. Basketballs will be provided. *Note: The 2nd Grade Basketball Instructional League will begin in February with registration starting no later than January 14th.*

MISCELLANEOUS: Participants and their parents/guardians should be aware that there is a risk of injury during participation in Wahoo Parks and Recreation youth sports due to the inherent nature of the activities. Individuals participate in Parks and Recreation youth sports at their own risk.

, •	EGISTRATION FORM – 202	5 1 st & 2 nd GRADE BAS		
Participant's Name	ame Address		City/Zip	
Date of Birth	Age Today	Grad	e in School:	1 st 2 nd
Male: Female: Sch	hool Attending:	Parent's/Guardian's Name(s)		
Please prov	vide us with the email addre	ess and nhone number v	ou want to he co	ntacted at
	reac as well the citati adarc	ss ana phone number ye	in mann to be con	macica ai.
-	☐ Yes…I would be interested in h	Phone	Number	
Email Address	☐ Yes…I would be interested in hatake advantage of the member rate,	Phone	Numberctor when needed.	
In order to to the second of t	☐ YesI would be interested in he take advantage of the member rate, ppriate box to the right. m to the Civic Center.	Phone nelping lead drills with the instru	Numberctor when needed.	embership.
Email Address In order to the appropriate the appropriate the appropriate the appropriate that the appropriate the appropriate the appropriate that the appropriate the appropriate that the appropriate that the appropri	☐ YesI would be interested in he take advantage of the member rate, **Opriate box to the right.** m to the Civic Center. series series and to: **Exercise to the right.**	Phone nelping lead drills with the instru the participant must have a cu	Numberctor when needed. rrent Civic Center me	embership. NON-MEMBER

By signing below, I and the child's family acknowledge: A) We have read the aforementioned information regarding the Wahoo Parks and Recreation youth sports program named herein and give our child permission to participate, B) We give Wahoo Parks and Recreation permission to use photographs or videos of our child in its promotional/educational materials, C) We have reviewed and will follow the Wahoo Parks and Recreation Policy Relating to Concussion, Head Injury, and Concussed Players, and D) The Wahoo Parks and Recreation Department does not carry medical or accident insurance for participants in this program.

Realizing that my child is playing for fun, recreation, and personal betterment, I hereby for myself and for my child, our heirs, personal representatives and assigns, waive and release any and all claim for injuries or damages of any kind of nature which either I or my child may have against the City of Wahoo, any manager, coach, instructor, umpire, referee or assistant thereto, anyone who prepares a playing field for any practice session or any formal game, chaperones, sponsors or anyone who organizes or causes this program to operate, their agents, representatives and assigns as a result of any practice session or game or any participating in said sports program and indemnify the City of Wahoo, and all parties named herein against such claim or damages arising from such claims. We hereby agree that coaches, managers, umpires, referees, their assistants or anyone who prepares a playing field shall not be liable for the injury or death of my child as a participant in said Wahoo Parks and Recreation programs which results from the negligence of any of the above listed individuals. I understand that the City of Wahoo assumes no legal or financial responsibility for my child's medical expenses and waive all rights or causes of action, which my child or I may have against the City of Wahoo and each of the persons named herein.

Parent's/Guardian's Signature		Date	
	FOR OFFICE USE ONLY		
Date Pd Cash ☐ Check ☐ Chk. #	Credit Card	Amount Pd	Staff Member