GARNETT RECREATION

Little Dribblers

Ages 4 - K

This program is designed to teach kids ages 4 through Kindergarten the fundamentals of Basketball. The kids will learn the basic motor skills necessary to play Basketball in the future. We will teach them the basic sports mechanics without the threat of competition or the fear of getting hurt. The program will meet one night a week and will run for six weeks. Skills learned will be how to dribble, pass, and shoot a basketball properly. The class will be organized to give each player a chance to participate and learn while having fun and growing a love for the sport of basketball. Each class will last 45minutes to an hour. We are looking at holding the class on Tuesday evenings after the first of the year.

Cost: \$20

December 22nd is the deadline

Financial assistance available to those in need

Fill out attached form and submit to Garnett Recreation Center - Hours: M-F 6-9 a.m. & 11-7 p.m.

<u>CITY OF GARNETT RECREATION PARENT/GUARDIAN CONSENT FORM AND MEDICAL TREATMENT AUTHORIZATION</u>

| NAME OF CH | LD | MAIL | ING ADDRES | 02 | _ |
|--|--|---|---|---|---|
| STREET ADDI | RESS | | CITY | | |
| HOME PHONE | | CELL PHONE | | WORK PHONE | |
| SEX: MALE/F | EMALE (Circle One) DA | TE OF BIRTH:/ | _/ AGE: _ | (As of September 1, 2014) |) |
| GRADE: | (AS OF 2014-2015) | EMAIL: | | | - |
| SHIRT SIZE: | Youth Extra small Youth | Small (6-8) Youth M | edium (10-12 | Youth Large (14-16 | j) |
| Parent's Name: | me: Phone: ny medical conditions: | | | | |
| Please list any r | medical conditions: | | | | - |
| from attendance of consent to authoriz I, the und involved and I here team sponsors free Furtherm expenses resulting | Football at any time during the treatment for this child by a dolersigned, do hereby acknowledgeby agree to assume those risks a from liability for any injury, hardore, I do understand that accident from any accidents or injuries sury of Garnett does not discriminate. | entire season, my child's tea ctor(s) and/or medical person ge that I have given my child and to hold the City of Garne m or complication of any kind at insurance is NOT provided ffered by the above named ch | m coaches, or an nel which may be permission to par tt, all of their offi l. by, and I hereby ild while participa | ticipate in football with full knowled cers, employees, coaches, officials, v agree to assume full responsibility f | staff, has my ge of the risks volunteers and for any and all |
| SIGNATURE. | | | | | |

Go to <u>www.rainedout.com</u> and search for City of Garnett Recreation, and receive texts about Garnett Recreation program updates and game cancellations.

DATE:

RELATIONSHIP: