

SHORT SHOOTERS CO-ED BASKETBALL LEAGUE

Everybody is a winner in this co-ed basketball league! Join us at the Indian Trail gym, where the baskets and balls are the perfect size for Short Shooters. This instructional league will encourage children to develop their basketball skills, while playing and having fun. **After December 3, add \$5 to the fee listed below.**

LOCATION: Indian Trail Gym
DAY: Saturday
DATES: Begins January 20
TIMES: Various (morning and afternoon game times)
GRADES: 1st - 2nd
FEE: \$32 resident/\$40 non-resident
DEDUCT \$5 FOR SECOND AND THIRD CHILD
SESSIONS: 8 (INCLUDES PRACTICE)
COST OF SHIRT IF NEEDED: \$20



VOLUNTEER COACHES ARE NEEDED FOR THIS PROGRAM TO BE SUCCESSFUL.

DUE TO THE AMOUNT OF PARTICIPANTS IN OUR LEAGUES, THE PARK DISTRICT CANNOT ACCEPT REQUESTS FOR PARTICULAR TEAMS OR COACHES.

FRANKFORT SQUARE PARK DISTRICT BASKETBALL LEAGUE REGISTRATION FORM
****NOTE - NO REFUNDS CAN BE GIVEN FOR THIS PROGRAM ONCE TEAMS ARE SET UP.****

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NAME: LAST _____ FIRST _____ M OR F

PARENT'S NAME - FIRST AND LAST

(MOM) _____ (DAD) _____

ADDRESS: _____ CITY _____ ZIP _____

HOMEPHONE: _____

MOM'S BUSINESS PHONE _____ DAD'S BUSINESS PHONE _____

SHIRT SIZE (SHIRTS RUN SMALL) 10/12 14/16 AS AM AL AXL
 PLEASE FILL IN SHIRT NUMBER IF YOU ALREADY HAVE A SHIRT. SHIRT # _____ RECEIVED

BASKETBALL LEAGUE: PLEASE FILL OUT APPROPRIATE INFORMATION

BIRTHDATE ____/____/____ GRADE _____ (AS OF SEPTEMBER, 2006)

HAVE YOU TAKEN OUR LITTLE BULLS PROGRAM? _____

IS THERE ANY PHYSICAL PROBLEM THAT THE PLAYER'S COACH SHOULD BE AWARE OF? Y OR N
 IF SO, PLEASE EXPLAIN _____

VOLUNTEERS: This program is only possible through support of volunteers. If you are interested, please check the appropriate area. Checking a specific area, does not guarantee a coaching or assistant coaching position. If the park district is unable to secure coaches, we reserve the right to limit registration.

COACH _____ ASSISTANT COACH _____

LIABILITY WAIVER: Participants in Frankfort Square Park District activities are not covered by medical or accident insurance. Each participant must furnish his/her own personal coverage. Many sports activities and programs have inherent elements of danger. Participant or parent permission is needed to call an ambulance in an emergency. As a participant (or as a parent of a participant under 18 years of age), I hereby agree to save harmless and indemnify the Frankfort Square Park District, its trustees and employees from any responsibility for any accident, injury or damage that may occur as a result of the participant's acts or omissions. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

SIGNATURE OF PARENT OR GUARDIAN _____