

LITTLE SHOOTERS

Our Little Shooters program is for youth ages 4-9 that are looking to develop their basic basketball skills. We will go over dribbling, passing, shooting, rebounding, and defense. Practices will include skills and drills the first half then small scrimmages (increasing in time throughout the league) at the end of each practice.

Volunteer coaches needed!

Start Date: January 7th
 Offered: Saturdays
 9-9:50 am (4-5 year old)
 10-10:50 am (6-7 years old)
 11-11:50 am (8-9 years old)
 Weeks: 6
 \$50 per participant
 Registration Deadline: December 30th



Participants Name: _____ D.O.B.: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Home Phone: (____) _____

E-Mail Address: _____

Circle One: MEMBER/RESIDENT COUNTY NON-RESIDENT

I prefer playing with (Peer): _____

Teams are divided equally by age. Staff will do their best to fulfill these needs but it is not a guarantee.

Kid Shirt Youth-Size (Circle One): XS S M L XL gender: Male Female

Circle Age Group: 4 5 6 7 8 9 (Child MUST be correct age at the start date of the program)

Parent/Guardian Name _____

*** Interested in being a volunteer coach? (Circle one): Yes No (fill out information below if YES is circled)***

Name: _____ Phone number: (____) _____

Email: _____

Agreement of Release & Hold the City of Arnold Harmless

My signature on this form indicated that I release, hold harmless, and indemnify the City of Arnold or any other instructor of any liability in case of an accident or injury, which the participant might sustain during the course of participation in this program. In case of any suit shall be brought against the City of Arnold and/or any instructor on account of any act, action, neglect, omission, or default of myself, I hereby covenant to assume the defense thereof and to pay any and all cost, charges, attorney's fees, and other expenses, and any and all judgments that may be incurred by or obtained against the City of Arnold, and/or any other instructor. I consent & authorize, as a participant or parent/guardian, the City to reproduce any photographs, videotape and recording for promotional purposes.

Signature: _____ Date: _____

Staff Name: _____ Date: _____ Payment Type: _____ Total: _____