



ANDERSON TOWNSHIP PARK DISTRICT

Lil' All-stars ~ ages 4 - 5

Register in advance. Children will be introduced to the basic FUNdamentals of soccer, basketball, and field hockey during this six-week program. Make new friends and learn beginning skills through age appropriate drills and activities. Participants will need to bring shin guards and a ball glove. Each participant will receive a T-shirt. Space is limited.

Class 1: Tuesdays, April 17th – May 22nd 6:00pm – 6:50pm

Class 2: Tuesdays, April 17th – May 22nd 7:00pm – 7:50pm

Price: \$48 Anderson Resident; \$58 Non-Resident **Location:** Beech Acres RecPlex Front Lawn

Questions? (513) 388-4514 **Fax:** (513) 231-4190 **Hotline:** (513) 357-6629 x1

Lil' All-stars Registration ~ Spring 2012

Participant's Name _____ Birthdate ___/___/___ Email _____

Parent's Name (if applicable) _____ Phone (h) _____ (w) _____

Address _____ City _____ State _____ Zip _____

T-Shirt Size: ___YS ___YM ___YL ___AS List child's allergies, medical conditions or any medications _____

Emergency Contact Name (different from above) _____ Phone _____

Date: ___ **Class 1:** Tuesdays, April 17th – May 22nd 6:00pm – 6:50pm

___ **Class 2:** Tuesdays, April 17th – May 22nd 7:00pm – 7:50pm

Price: ___ \$48 Anderson Resident ___ \$58 Non-Resident **Total Due:** \$ _____

Make checks payable & return to: Anderson Township Park District, Beech Acres Park RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230

Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization* The ATPD may cancel or alter programs pending registration numbers.

RELEASE of LIABILITY & AUTHORIZATION: I hereby release the Anderson Township Park District (ATPD) and Beech Acres Parenting Center and their respective Boards, employees, agents and instructors from all responsibility in the event of accident or injury. I also authorize the ATPD to publish any pictures or video taken during the program for which I've registered, and to use my e-mail address to send me ATPD information.

Parent/Adult Participant

Name _____ Signature _____ Date _____

For Office Use Only

Date _____ Time _____ Rec'd By _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Ck Name _____ Deposit By _____ Conf. _____

Visa _____ MasterCard _____ Card # _____ 3 Digit Security Code (Located on BACK of Card): _____

Expiration Date _____ Name on card _____