



ANDERSON TOWNSHIP PARK DISTRICT

Rookie Basketball ~ 1st and 2nd Grade

Boys and Girls will learn the basic skills of basketball in a fun environment! Classes focus on fundamentals of dribbling, shooting, basic rules and sportsmanship. This is a 4 week instructional program and not a league.

Each participant will receive a T-shirt. Space is limited.

1st Grade: Mondays, September 26th – October 17th, 6:00pm – 7:00pm

2nd Grade: Mondays, September 26th – October 17th, 7:00pm – 8:00pm

Cost: \$34 for Residents; \$44 for Non-residents **Where:** Beech Acres Park RecPlex Gym

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

Rookie Basketball, 1st and 2nd Grade Registration ~ Fall 2011

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

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

Address _____ City _____ State _____ Zip _____

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

Date: ___ 1st Grade: Mondays, September 26th – October 17th, 6:00pm – 7:00pm

___ 2nd Grade: Mondays, September 26th – October 17th, 7:00pm – 8:00pm

Price: ___ \$34 Anderson Resident ___ \$44 Non-Resident **Total Due: \$** _____

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

Expiration Date _____ Name on card _____

Make checks payable & return to: Anderson Township Park District, Beech Acres 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 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. _____