

HAYDEN PARKS & RECREATION YOUTH BASKETBALL

BASKETBALL CLINIC for BOYS & GIRLS in 3rd, 4th & 5th Grades

(Minimum of 8)

Dates: November 9-12, 16-19

Location: Hayden Valley Elementary Gym

Time: 6-7:30pm

Cost: \$20

Registration Deadline: Tuesday, Nov. 3

Participants taught the basics of basketball.



"If you never did you should. These things are fun and fun is good."
Dr. Suess



HAYDEN PARKS & RECREATION REGISTRATION FORM

Drop off completed form with payment to:

Hayden Town Hall OR mail to: PO Box 190 Hayden, CO 81639-0190

Info: Call 734-4168 or email jill.delay@haydencolorado.org



PARTICIPANT NAME _____ GRADE _____ AGE _____
(FIRST) (LAST)

PROGRAM NAME: 3RD/4TH/5TH GRADE BASKETBALL CLINIC FEE \$20

METHOD OF PAYMENT: (CIRCLE) CASH CHECK # _____ AMT ENCLOSED \$ _____

PRIMARY CONTACT – PARENT/GUARDIAN (UNDER 18): PARTICIPANT HEALTH CONCERNS? _____

1 PARENT/GUARDIAN NAME _____ PHONE: _____

2 PARENT/GUARDIAN NAME _____ PHONE: _____

E-MAIL ADDRESS _____

Liability, Photo, and Medical Release Statement: (must be signed by participant (parent or legal guardian if under 18)
I understand that the registered activities & services may have an element of hazard or inherent danger & I take full responsibility for participant actions & physical condition. I agree to indemnify & hold the Town of Hayden & it's employees from any liability loss, cost or expense (including attorney's fees, medical & ambulance costs) that participant may incur while participating in Recreation activities. I give my consent to use any photographs or videotape taken in future promotional or marketing materials. Payment of fees & participation in recreation activities shall constitute acceptance of the liability waiver, photo release, medical release, and the HPR "Spirit of Sportsmanship" Contract.

Participant Signature (parent/guardian if under 18) _____

_____ Date