

# KinderFUNdamentals Basketball Information Sheet

**Registration Dates:** Sept. 19 – Oct. 14 or until roster is full

**Program Fee:** \$15 Resident, \$20 Non-Resident.

**Eligibility:** For children age 4-5. Must be 4 by October 1, 2011

**\*\*Age Waivers not available for this program\*\***

**Location:** Elkin Recreation Center

**Program Dates:** This program will begin Saturday, October 22.

**Program Time:** 9:00am – 9:45am

**Program Information:** This program will introduce the game of basketball to children ages 4-5. Skills such as dribbling, passing, shooting, teamwork, and communication will be covered over 6 sessions. The program will be held on Saturday mornings starting October 22 and ending November 19, 2011.

Program limited to first 16 registrants  
**Elkin Recreation & Parks Department**  
835-9814  
[www.elkinnc.org](http://www.elkinnc.org)



# Kinder Basketball Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Address (street address, no PO Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home phone number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**CHECK ONE:**  Girl  Boy

**Registering For: Kinder Basketball 4-5 year olds**

**Town Residents Fee: \$15.00 Non-Resident Fee: \$20.00**

**Coaches needed:** Will you help coach? Yes \_\_\_\_\_ No \_\_\_\_\_ (*New coaches must complete application*)

Coach/Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Sponsorship:** Would you or your business like to sponsor a team? Yes \_\_\_\_\_

Sponsor / Contact Name & Phone \_\_\_\_\_

## SHIRT SIZE OF CHILD

Youth Size: S M L

Adult Size: S M L XL XXL

## WAIVER AND RELEASE

I hereby give \_\_\_\_\_ my permission to participate and be involved in Elkin Recreation and Park's program. By authorization, I hereby approve of the program and accept the facilities, equipment, supervision and the opportunity to inspect the premises and equipment and have talked with the staff or volunteers or waive the right to do so. Further, I understand there are certain risks inherent in participation in all team and individual sports which are beyond the control of the participant or the Town of Elkin's Recreation Department, and that immediately prior to any participation I have the opportunity to inspect the facility or equipment and notify the staff or volunteers or the Town of any objection to the facility, equipment, volunteer or staff or supervision and have the choice whether or not to participate in said program or activity. I hereby release the Town of Elkin and its employees and volunteers from any and all damages on behalf of the above named person and on my behalf, which would or could be based on the qualification of the instructor or the adequacy of the supervision, facilities or equipment used in the program named above. I grant my permission to allow my child's name, photo, video recording and/or (other item(s)) to be used in the discretion of the Elkin Recreation and Parks Department for promoting programs operated or sponsored by the department.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**Form may be mailed (with birth certificate if we do not have one on file) to: Elkin Recreation and Parks, PO Box 345, Elkin, NC 28621. For more information please call 835-9814.**

Staff Initial \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount Pd \_\_\_\_\_ Birth Cert. \_\_\_\_\_ Date \_\_\_\_\_

**--OVER--**

# Kinder Basketball Registration Form

**If you do not want insurance provided by the Recreation Department, please read and sign below:**

I/We, the undersigned parents of the above named participant acknowledge the Town of Elkin Recreation and Parks Department does not offer accident insurance for athletic programs, but has offered the opportunity to participate in an accident insurance policy for this program/activity and further understand and agree that by signing below, we have voluntarily chosen to decline participation in this policy.

I/We agree that the expenses of any injury and/or accident incurred while traveling to or from said activity or participating in practices or games shall be at my/our own expense, either personally or through another insurance carrier. Further, I/We do agree to indemnify and hold the Town of Elkin free and harmless from any legal actions or claims.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Refund Policy

Refunds shall only be made when requested prior to the program registration deadline. Requests must be made in writing and a \$5.00 administration fee shall be deducted from all refunds. Late registration fees are not refundable.

I am aware of the refund policy.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent's Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parent's Code of Ethics Pledge.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free of drugs, tobacco and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for youth--not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coach's Code of Ethics.
- I will read the National Youth Sports Coaches' Association National Standards for Youth Sports and do what I can do to help all youth sports organizations implement and enforce them.

Parent Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*If both parents do not sign, it will be assumed that one parent is signing for the entire family.\***

**The Recreation Department's programs are open to all citizens regardless of national origin, sex, age, religion, race, family status or physical ability.**