



Lil' Hoopers



Basketball Skills for Kids

Who? Boys & Girls, Ages 5 – 12 years of age

How? Select your class, and then turn in the bottom half of this registration form!

Cost: Only \$96 for 8 weeks for all ages and levels.

*PLUS \$15.00 ANNUAL MEMBERSHIP

SIGN UP TODAY! CALL (317) 273-0413

CLASS SCHEDULE

	Lil' Pups (5-6 yrs. old) Beginner	Lil' Dogs (7-8 yrs. old) Beginner	Bulldogs (7-8 yrs. old) Experienced	All Conference (9-10 yrs. Old) Beginner	All State (9-10 yrs. Old) Experienced	All Americans (11-12 yrs. Old) Beginner	The Pros (11-12 yrs. Old) Experienced
TUESDAY	5:30 PM		5:30 PM	5:30 PM			5:30 PM
THURSDAY	5:30 PM	5:30 PM	5:30 PM	5:30 PM	5:30 PM	5:30 PM	

-----CUT HERE AND RETURN BOTTOM HALF-----

Child's Name: _____ Birthday: _____/_____/_____ Male / Female

Parent Name(s) _____ Email: _____

Home Phone: _____ Alternate Phone: _____ Birthday: _____/_____/_____

Address _____ City _____ ZIP _____

T-Shirt Size: YS YM YL AS AM Class Request (s): Class _____ Day _____ Time _____

WAIVER/EXCLUSION CLAUSE: I, the undersigned parent/guardian/participant, in enrolling at the 10th Street Sports Center understand that he/she/I in attending any Sport Center program and using the facilities does so at his/her/my own risk. The 10th Street Sports Center and its owners, employees and agents, shall not be liable for any damage whatsoever arising from personal injury or property loss sustained by participant and his/her/my family in or about any program on the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any program and he/she/I do or does hereby fully and forever realize, discharge and hold harmless The 10th Street Sports Center, all associated facilities and its owners, employees, and agents from any and all claims, demands, damages, rights of actions, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by the 10th Street Sports Center. He/she/I understand(s) that failure to do so may result in suspension from participation.

CONSENT: I, the undersigned parent of/ guardian of/ participant do hereby grant authority to the staff of the 10th Street Sports Center to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize the 10th Street Sports Center and its assigns to utilize any and all photographs, pictures, or other likeness of me and participant, as they deem appropriate in its promotional material

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

FOR 10TH STREET SPORTS CENTER USE ONLY

Paid By: _____ Amount Paid: \$ _____ Cash : _____ Check # : _____ Charge _____

Date Received : _____ Received By : _____ Receipt # : _____

Card Type _____ Account # _____ Expiration Date _____