



Basketball Club 2-5th grade Registration

- Basketball will be on the following Tuesdays, 11/07-12/12 (no club 11/21)
- For 5 weeks we will be hosting a Cooking for k-3rd graders.
- Cost will be \$35, scholarships available.
- Children will Meet at the Elementary school gym, at 3:45, We will have a snack and then play basketball with Mandy Maass, Children can be picked up at the school at 5:15, or transported to the community center to be picked up by 5:30.
- Direct any questions to recreation@townofoakcreek.com - space is limited- please await confirmation.

Participant Name: _____

Age: _____ Grade: _____ D.O.B. ___/___/___

Allergies/Medications: _____

Guardian Name (if applicable – Please Print:) _____

Mailing Address: _____

E-Mail Address: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact/phone# _____

Payment Method (cash, check, card): _____

PERSONAL RELEASE LIABILITY AGREEMENT

The undersigned acknowledges that Basketball Class is a potentially dangerous activity involving RISK OF PERSONAL INJURY, DEATH AND PROPERTY DAMAGE. I expressly understand and agree that neither the Town of Oak Creek, CO, a municipal corporation, nor any of their officers, agents, volunteers, assistants, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from personal injury or property damage or loss of any other sort to myself or other person in whose behalf this form is now signed as a result of actual or proposed participation in the above named program and I hereby agree to indemnify and hold the Town of Oak Creek, their officers, agents, volunteers, assistants, or employees harmless on account of any such claim.

I hereby give permission for my child(ren) or myself to go on all scheduled trips AWAY FROM THE PREMISES of the program, in the company of a qualified adult, whether on foot or by vehicle, using Oak Creek Parks & Recreation provided transportation when needed. I also give my permission for my child(ren) or self to be transported by a staff member in a licensed vehicle in the case of an emergency.

Participants Name: _____ Parent's Name(if applicable): _____

Parent /Participant or Guardian's Signature: _____ Date: _____

