

LITTLE ALL STARS

BEGINNER'S BASKETBALL LEAGUE

Use your newly acquired skills from our fall basketball clinics in our Winter Beginner's Basketball League!

Coed leagues for **6-11** year olds. Teams will be based on schools and ages.

Please keep in mind: This is a **VERY BASIC** league for **beginners** to learn the concept of basketball and practice their basic skills. Score will not be kept. Referees will be used, however, games will be called very loosely.

Please consider being a part of our program! Volunteer parents are needed as coaches for teams. (Less coaches means more players per team.)

It Starts With Parks reversible **shirt required**. \$20 Purchase at Community Center.

COST:

Register November 18th, 2016 – December 18th, 2016 - \$35 per child

Register December 19th, 2016 – January 1st, 2017 - \$45 per child

NEW THIS YEAR:

Teams will practice on Jan 7th the entire time. Games start Jan 21st. Practice will be first 20 minutes and games will be last 40 minutes each week.

***THIS LEAGUE WILL NOT BE HELD SATURDAY, JAN 14TH DUE TO THE WINTER CARNIVAL BEING HELD AT THE LFC**

LOCATION:

Bettendorf Life Fitness Center Gymnasiums

Saturdays - January 7th thru February 25th

We will be relying on **PARENT VOLUNTEER COACHES** to coach these teams.

Less parent coaches means more children per team. There will be a **mandatory parent coaches' meeting on Thurs, Jan 5th, at the LFC at 6:00 pm.**

PLAYERS WILL BE ASSIGNED TO THEIR TEAM JANUARY 7TH AT THE LFC. TIMES & TEAMS SUBJECT TO CHANGE BASED ON ENROLLMENT.

PRACTICE/GAME TIMES:

9:00-10:00 10:20-11:20 11:40-12:40

2017 LITTLE ALL STARS BASKETBALL LEAGUE REGISTRATION

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____ CITY _____ CURRENT AGE _____

PHONE #1 _____ EMAIL _____ SCHOOL _____

YES! I AM WILLING TO COACH MY CHILD'S TEAM! COACH'S NAME _____

PHONE _____ EMAIL ADDRESS I CAN BE CONTACTED AT _____

PARENT(S)/GUARDIAN(S) NAME _____

PARENTS MUST SIGN INJURY/LIABILITY WAIVER ON REVERSE SIDE.



**Permission to Participate
INDEMNIFICATION WAIVER OF PARENTAL CLAIMS**

THE CITY OF BETTENDORF REQUIRES THIS FORM BE SIGNED BEFORE PARTICIPATION IN A CITY SPONSORED ACTIVITY. IF THIS FORM IS NOT SIGNED, YOU OR YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE.

DO NOT SIGN IF YOU HAVE ANY QUESTIONS.

If you are signing on behalf of a minor, both parents must sign. In the case of a single parent home, the custodial parent must sign. If you are registering your child for class electronically, completion of the registration will be considered your consent and agreement with this document.

1. You agree to release, waive, and hold harmless the City of Bettendorf, the Bettendorf and Pleasant Valley Community School District, agents, employees, volunteers, and contractors of either entity (Collectively referred to as "RELEASEES") from any and all liability which may accrue to you from your child's participation or your participation in the following activity: _____
2. This release waives all of your claims whatsoever, known or unknown, which may arise by virtue of your child's participation or your participation in the activity, including injury or death, and damage to property, however such claim may arise, including but not limited to breaches of duty (such as breach of the duty of care) and acts of current or future negligence by Releasees, their respective officers, employees, or agents, including, but not limited to, negligent care, supervision, or control. This release waives any of your claims whatsoever against the Releasees arising from the actions of any other participant in the activity or any other third party. Further, this release covers all activities immediately before and after participation, including transportation to or from the event, and waiting for rides from City or School facilities after the event.
3. You agree to defend and hold harmless Releasees, their respective officers, employees, or agents against any claim, cause, loss, cost, or damage whatsoever, including attorney fees, that arise from the above-described activity or your child's participation in the above-described activity, including, but not limited to damages for injury to your child or another person. This means, in part, that in the event something happens to your child during his/her participation in the activity, and your child decides to sue the Releasees, that you agree to pay any sums awarded to your child, and to pay the Releasees' attorney fees incurred in the defense of any litigation. You are also agreeing to pay for any damage caused by your child during participation in the activity.
4. Participation involves a risk of injury. By signing this form, you represent that you have considered the risks of your child's participation or your participation in the activity, have obtained any medical clearance necessary to participate, and you or your child are able to participate without harm to your child, yourself or others. You represent you or your child will use any program equipment with care for himself/herself, yourself, other participants, and the surroundings. You have evaluated the risks of participation in the event by your child, and grant permission for your child to participate.
5. In the event of injury, program supervisors shall administer basic first aid, and shall summon emergency services via 911. Supervisors are not trained to provide detailed medical care, and shall not, without prior agreement, provide medications. All costs of emergency care are the responsibility of the participant/ participant's legal guardian(s). **NO INSURANCE IS PROVIDED BY THE CITY FOR INJURY TO PARTICIPANTS.** All claims for reimbursement of medical care costs, including emergency transportation, for you or your child are hereby waived.
6. Parents or others may take audio or video recordings of the participants. The City does not supervise or restrict recordings of public activities by third parties. You agree that photos or videos may be used in promotional materials produced by the City to encourage participation in the activity.
7. You and your child agree to follow all rules of conduct established in conjunction with the activity. Failure to follow the rules will result in removal from the activity, and you and your child agree that any program fees paid will be kept and not refunded. In the event of a problem while engaged in the activity, notify the activity manager/supervisor.
8. This waiver pertains to the activity or class listed on this registration form. Details regarding this activity/class such as name, location, dates, times, instructors, lesson plans, etc. are subject to change without notice. Fees for any/all future exact or similar activities/classes are also subject to change without notice.
9. This Permission to Participate and Hold Harmless is given in partial consideration of you and your child being allowed to participate in the activity described, and binds yourself, your personal representatives, and any heirs or assigns.
10. In the event a court of competent jurisdiction declares any part of this indemnification agreement to be invalid, the balance of the agreement shall be deemed to survive and be binding upon you.

Cancellation Policy:

If cancelling *before* the program's coaches meeting OR *before* the activity start date (WHICHEVER comes first), you will receive an 80% credit (per participant per program) on your Parks and Recreation account. NO credit will be given for a cancellation after these dates.

Day Camp: If you need to cancel a week of day camp that your child has already been registered for AND you have paid for, then you must notify City Hall (344-4113) at least one calendar week prior to the start of that week in order to receive an 80% credit (per participant per week) on your Parks and Recreation account. NO credit will be given for any cancelled early bird or late bird options.

Credit on your account will never expire and may be used for any future recreation program, a t-shirt purchase, a Community Center rental, a shelter reservation, and any purchases made at the Life Fitness Center, the Palmer Hills Golf Course (PHGC), Splash Landing (SPL), and/or the Family Museum. If you would like to make a purchase at either PHGC or SPL, please call City Hall at (563) 344-4113 Monday-Friday to arrange the transaction first.

If cancelling because the participant is moving out of the area or has a medical problem, you will receive a prorated refund up to 50%. If the Parks and Recreation Department cancels a program, you will receive a 100% refund or a prorated refund if the program has already begun. All refunds are issued in the form of a check and processed once a month.

I HAVE READ THIS DOCUMENT CAREFULLY, AND UNDERSTAND IT.

I AM SIGNING THIS FREELY AND WITHOUT RESERVATION OR CONDITION.

(IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT DO NOT SIGN IT. CONTACT AN ATTORNEY TO ASSIST YOU.)

Dated this ____ day of _____, 20__.

_____ **Participant Signature (if 18+)** _____ (print name)

_____ **Parent Signature (if participant is under 18)** _____ (print name)

Required

_____ **2nd Parent Signature (if participant is under 18)** _____ (print name)

Required

_____ **Custodial Parent Signature (if only 1 legal guardian)** _____ (print name)