

# Jerseyville Parks & Recreation Department

401 Mound Street ♦ Jerseyville, IL 62052

618.498.2222

**Itty Bitty Basketball**  
(For ages 3 – 4)  
12-12:45pm or 1-1:45pm or 2-2:45pm

**Pee Wee Basketball**  
(For ages 5 – 6)  
3-3:45pm or 4-4:45pm or 5-5:45pm

**This is a non-competitive skill development program that uses small group rotations through skill stations, including passing, shooting, dribbling and rebounding. The final week will consist of a scrimmage-like scenario.**

- 🏀 Program meets six (6) Sunday afternoons from Nov. 5 – Dec. 17 (NO class 11/26)
- 🏀 Fee is \$30/child and includes a participation medal
- 🏀 No special equipment is required
- 🏀 Dress child in comfortable clothing & non-marking sole shoes
- 🏀 Program success depends on & uses parents as *volunteer station leaders*
- 🏀 All sessions will be held at the Sunig Center
- 🏀 **Registration deadline is Saturday, October 28!**



### Jerseyville Parks & Recreation Department:

-----RETURN THIS FORM WITH PAYMENT TO: JPRD/ 401 Mound Street / Jerseyville, IL 62052 -----

Fee: \$ 30/child (fill out separate form for each child)      Method of Payment:  Check # \_\_\_\_\_  Cash

Group/Time:  **Itty Bitty** [ 12-12:45pm or  1-1:45pm or  2-2:45pm]     **Pee Wee** [ 3-3:45pm or  4-4:45pm or  5-5:45pm]

Participant's Name \_\_\_\_\_ Age (as of 11/5/17) \_\_\_\_\_ DOB \_\_\_\_\_ Gender:  M  F

Primary Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (ONLY used for program purposes) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Describe any special accommodations this participant may need \_\_\_\_\_

Would anyone in your household like to be a volunteer station leader?  Yes  No    If yes, name? \_\_\_\_\_

**Participant Release Statement:** I hereby, for the participant and myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Jerseyville its successors and assigns, it's employees, agents, officers and directors for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I further understand the risks and dangerous situations attendant to the activity for which my child is entering. I understand medical coverage is my responsibility. **PHOTO PERMISSION:** I grant permission for pictures to be used in the City of Jerseyville publicity materials. **ACTIVITY DISCLAIMER:** I understand that the City of Jerseyville reserves the right to cancel, combine or divide classes. In addition, there may be a need to change dates, times, locations, instructors, fees or program outline revisions of any activity offerings.

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Jerseyville Parks & Recreation Department ♦ IB/PW Basketball ♦ Winter 2017

For JPRD use only  
Registration Taken By \_\_\_\_\_ Date \_\_\_\_\_ Fee Paid \_\_\_\_\_ Entered By \_\_\_\_\_ Date \_\_\_\_\_