

BASKETBALL

2019 AFTER SCHOOL SPORTS PROGRAM 4TH & 5TH GRADE BASKETBALL



THIS INTRAMURAL PROGRAM FOR 4TH & 5TH GRADE STUDENTS WILL MEET FOR 90 MINUTES, FOLLOWING SCHOOL DISMISSAL, and will emphasize learning basketball fundamentals, team concepts, sportsmanship, participation, improved health/fitness and fun!

Practices will be held twice per week on a combination of Monday through Thursday dates **beginning the week of February 18th**, depending on school/gym availability. Each participant will attend up to six practices, subject to school/coach conflicts, and/or weather, and play in one game against another school. Registered participants will be **E-mailed** a practice schedule. If you have not received a practice schedule by 3 p.m. on Wednesday, February 13th, please contact smahrenh@cityofdubuque.org. Please note, e-mails may be sent to your spam folder. Game schedules will be e-mailed the last week of practice; games will be held within two weeks of the conclusion of practices.

Registration deadline is Thursday, February 7th. Registrations are accepted on a first-come, first-served basis or until each school's maximum is reached. Registrations received after February 7th will be considered late and will be accepted only if space is available.

REGISTER

by mailing, faxing (589-4391), registering online (www.cityofdubuque.org/recreation), or dropping form off in person to: **Leisure Services Department**, 2200 Bunker Hill Road, Dubuque, IA 52001-3010. **Make \$20.00 checks payable to the Leisure Services Department.**
Office Phone: 563-589-4263 Hours: 9:00 a.m. to 6:00 p.m.

If you are interested in volunteering or coaching, contact Stacy Mahrenholz at smahrenh@cityofdubuque.org



Please cut here and return the bottom portion only.

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PARENT'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT EMAIL ADDRESS (REQUIRED): _____

CHILD'S NAME: _____ MALE: _____ FEMALE: _____ BIRTH DATE: _____

GRADE: _____ SCHOOL WHERE BASKETBALL PROGRAM IS HELD: _____

SCHOOL CHILD ATTENDS, IF DIFFERENT FROM ABOVE: _____

END OF PRACTICE ARRANGEMENTS: ___ WALK ___ PARENT PICK UP ___ Y-CARE ___ OTHER

PARENT'S SIGNATURE: _____

FEE: \$20.00

With your signature, you are giving your child permission to participate in this activity, and agree that the school district and Leisure Services Department and their employees are not responsible for injuries or accidents, which may occur while participating.

COMPLETE IF PAYING BY CREDIT CARD

Credit Card Number

Check One   CVC # (on back of card) _____

Name on Card _____

Expiration Date _____ Today's Date _____

Signature _____

___ Cash
___ Check (# _____)