

Jerseyville Parks & Recreation Department

401 Mound Street ♦ Jerseyville, IL 62052

618.498.2222

Itty Bitty Basketball
(For ages 3 – 4)
12-12:30pm or 12:45-1:15pm

Pee Wee Basketball
(For ages 5 – 6)
1:30-2:00 pm or 2:15-2:45pm

Program: This is a non-competitive skill development program
Requirements: All children must have a parent/guardian present to participate with the child

- 🏀 Program meets four (4) Sunday afternoons from **Jan 9 – Jan 30**
- 🏀 Fee is \$25/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
- 🏀 **Deadline is Thursday, January 6th.**



Jerseyville Parks & Recreation Department:

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

Fee: \$25/child (fill out separate form for each child) Method of Payment: Check # _____ Cash

Group/Time: **Itty Bitty** [12-12:30pm or 12:45-1:15pm] **Pee Wee** [1:30-2:00pm or 2:15-2:45pm]

Participant's Name _____ **Age (as of 1/9/22)** _____ **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 2022

For JPRD use only
Registration Taken By _____ Date _____ Fee Paid _____ Entered By _____ Date _____