

LITTLE SQUIRTS BASKETBALL

Little Squirts Basketball is a non-competitive introduction to basketball for boys and girls. They will practice basic dribbling, passing, and shooting skills. Games are once a week and are played for fun and instructional purposes only. There are no other practices scheduled. Each game day will have two parts: an instruction/practice period, and a scrimmage period.

AGE: 4 - 5 years old (preschoolers)
DATES: Saturdays, Feb. 9 - March 16
COST: \$38 (early) \$48 (regular) **includes t-shirt
TIME: One hour a day on Saturdays between 9 am and 1 pm
LOCATION: Hedges Elementary School Gym, 827 4th Ave East
INFO: Phone: 758-7717 Fax: 758-7719 E-Mail: mfreidline@kalispell.com
COACHES: PLEASE consider coaching or assisting, indicate on the registration below.
 A \$10 credit certificate is issued to you at the end of the season, for your volunteer efforts.



Early registration deadline ends January 11. Regular registration Deadline is January 25.

Please make checks payable to Kalispell City Parks and Recreation (KPR). Registrations can be mailed to P.O. Box 1997, Kalispell, MT 59903 or dropped off at 306 First Ave. East.

Your team information and schedule will be emailed by February 4.

Little Squirts 2019 Feb/March Registration

E-Mail Address (please print legibly) _____
 Child's Name _____ Gender _____ Birth Date _____ Age _____ Grade _____
 Parent or Guardian (print) _____
 Address _____ City _____ Zip _____
 Phone 1 _____ Phone 2 _____
 T-Shirt size (circle) Youth: XS S M L XL Adult: S M L Other _____
 School _____ Buddy/Special Request _____
 Medical Information we need to know about _____

YES - I will help Coach Assistant Coach

Name _____ Phone _____
 Address _____
 City _____ Zip _____

By signing this registration you are agreeing to the waiver and parent pledge found on the reverse side of this registration form.

Parent or Legal Guardian's Signature _____ **Date** _____

Check the following box if you do not want us to use photographs for advertising purposes.

For Office use Only	
Receipt #	
Amt pd	Scholar \$
Date Received	
By	

Waiver

I, the parent/guardian of the above named participant, hereby give approval for my child to participate in Little Squirts Basketball and assume all risks and hazards incidental to the conduct of the activity, including travel to and from.

I hereby release, absolve, indemnify, and hold harmless the City of Kalispell, Kalispell School District #5, the organizers, sponsors, supervisors, employees, representatives, and any or all of them for any injuries my child may sustain as a participant in Little Squirts Basketball. (All participants are involved at their own risk. Any registration fee paid does not provide insurance).

I give Kalispell City Parks and Recreation permission to use any photograph taken of my child for advertising purposes. Check the following box if you do not want us to use photographs for advertising purposes.

Parent Pledge

1. I pledge to give respect to the coach for his/her best efforts by having my child to every game day on time and so that my child may properly warm up to prevent injury.
2. I pledge to encourage my child to do his/her best at all times because I understand that children are born with different abilities and a true measure is not how my child compares to others but how he/she is doing in comparison to his/her best efforts.
3. I pledge to honor the game by setting a good example of sportsmanship for my child to follow.
4. I pledge to let the coach do his/her job by not yelling out instructions to my child and to keep negative comments to myself.
5. I pledge to channel any concerns in a positive manner.