

NORWALK PARKS & RECREATION

(419) 663-6775



YOUTH BASKETBALL – WINTER 2011

The Norwalk Parks and Recreation Department is offering a youth basketball program for students currently 5yrs-6th grade. Students in Pee Wee (5yrs. - 1st) and Biddie (2nd & 3rd) will play on Saturday mornings, beginning with clinics Dec. 3rd. Whiz kids (4th, 5th & 6th) will play on Mon, Tues. and/or Thurs. beginning with clinics the week of Nov. 14th.

Pre-registration cost by Nov 13th: **\$32** for Norwalk City residents/students and Ernsthausen Members
\$42 for out of town students

Late registration cost as of Nov 14th: **\$37** for Norwalk City residents/students and Ernsthausen Members
\$47 for out of town students

Anyone wishing to participate must return this contract along with the player's fee to the Ernsthausen Complex at 100 Republic Street. Checks are to be made payable to 'City of Norwalk'.

(The Park & Rec. Dept. will not refuse participation due to an inability to pay the player's fee).

(Please fill out completely so teams may be divided equally)

Child's Name _____ School _____ Member Exp. _____
Address _____ City _____ Phone _____
Grade _____ Birthdate ____/____/____ Male _____ Female _____ Height ____' ____" Weight _____

Circle T-shirt Size: Youth Sm. Youth Med. Youth Lg. Adult Sm. Adult Med. Adult Lg.

Mother's Name _____ Home Phone _____
Mother's Employment _____ Business Phone _____
Father's Name _____ Home Phone _____
Father's Employment _____ Business Phone _____
Alternate person to be contacted _____ Phone _____

Facts concerning your child's medical history including allergies, medications being taken, and any physical impairments that would be beneficial for this department to be aware of:

I agree that I will hold harmless and indemnify any rights and claims for damages against the Norwalk Parks & Recreation Dept. or the City of Norwalk for any injuries incurred during activities my child is participating in. I assume all responsibility as a result of my child being permitted to participate in the programs. The alternates listed above are hereby authorized in my absence to consent for treatment to be given to my child. In the absence of myself and all alternates listed above, I hereby give my consent for treatment deemed necessary by any acting physician or dentist.

Signature of Parent or Guardian _____ Date _____

Requests to be with certain players or coaches will not be made except in same household!!!

***** PLEASE SIGN BELOW IF INTERESTED IN COACHING A TEAM *****

For safety reasons, background checks will be done on all coaches. Please provide the following information;

NAME _____ PHONE (H) _____ (W) _____
ADDRESS _____ BIRTHDATE ____/____/____ SOCIAL SECURITY # ____-____-____
HEAD COACH _____ ASSIST. COACH _____ HAVE YOU BEEN CONVICTED OF A FELONY? _____
COACHING EXPERIENCE _____
WHAT STATES HAVE YOU RESIDED IN WITHIN THE LAST 10 YEARS? _____

I _____ give permission to the Norwalk Parks & Recreation Department to perform the necessary background screenings, which may include driving history, criminal conviction history, and general public history.

Volunteer Signature _____ Date _____

RN: _____ Date _____ Amt. Pd. _____ C.C.Co _____ (exp. ____/____/____) Cash _____ G.C. _____ Check # _____