



City of Galt, Parks & Recreation Department  
610 Chabolla Ave., Galt, CA 95632  
(209) 366-7180

<https://apm.activecommunities.com/galt>



# 1st GRADE INSTRUCTIONAL BASKETBALL PROGRAM

Registration: September 9, 2019 - December 16, 2019  
(or until 60 registrants maximum)

Late registration: December 17-30, 2019 (\$25 Additional Fee)

The program's primary focus will be FUN, while learning basic skill development (example: proper techniques of dribbling, passing, shooting). After 4 weeks of skill development, teams will be formed and scrimmage games will be played in weeks 5-8 (game times may vary from assigned clinic times). Awards will be given in week 8.

**INSTRUCTION & GAMES WILL BE PLAYED ON SATURDAYS**

## COST \$70

PLEASE MAKE CHECKS PAYABLE TO: CITY OF GALT

Player's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please circle CLINIC time preference: 9:00am                      10:00am                      11:00am

SHIRT SIZE REQUESTED: PLEASE CIRCLE ONE SIZE  
(YOUTH SIZES RUN SMALL)

YXS                      YS(6-8)                      YM(10-12)                      YL (14-16)                      YXL

Please complete both sides



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## **PARTICIPANT AGREEMENT**

I give my permission for my child (“Participant”) to participate in the above mentioned activity, sport or class sponsored by the City of Galt Department of Parks and Recreation (“Department”). I understand and agree, on behalf of the Participant and myself as parent/guardian, to abide by the rules and regulations as of the Galt Parks & Recreation Commission and the Department in the recreational activities mentioned above.

I understand that there are inherent risks in this activity, sport or class and that the City shall not provide insurance. Therefore, I agree, on behalf of the Participant and myself as parent/guardian, to save, keep and hold harmless the City, its officers, agents, employees and volunteers from all claims, demands, suits, causes of action, proceedings, damages, injuries, losses and liabilities of any kind, including, without limitation, bodily injury, in law or equity, resulting from or in any way arising out of or related to the Participant’s participation in this activity, sport or class. Further, I agree that the City will not be held liable for any accident, loss or damage, including, without limitation, bodily injury, to the Participant while participating in this activity, sport or class.

This Participant Agreement shall be considered effective as of the date and time filed with the Department.

Refund requests will not be honored if it has been more than 90 days since registration and/or if the class/activity has begun. For every refund request that is processed, your amount will be reduced by \$17.00 for the service fee.

PARENT/GUARDIAN/PARTICIPANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Please complete both sides**