



# YOUTH BASKETBALL

Tallahassee Parks & Recreation Dept.

## Lil' Hoopsters

**LEAGUE**  Shooting Stars (4-5yrs) All clinics will be held at the Lawrence-Gregory Community Center  
 Rising Stars (6-7yrs)

**INFO**

- New league for learning the fundamental skills and drills for successful transition to the Recreational League
- This league requires Parent/Guardian participation • **Limited spots available: 80 participants per league**
- This league will not play games
- Every Saturday for 6 weeks, starting in January

**AGE** A child's age on September 1, 2019 is their league age. Players must be 4 years old by September 1, 2019 to participate. Players have the option to play up a league but cannot play down.

**COST** \$30 (\$40 after Nov. 9, based on availability)

**FEE WAIVER** \$6 (\$16 after Nov. 9, based on availability)  
For those receiving public assistance, the Notice of Action letter from the Department of Children & Families, with current coverage dates, can be submitted at time of registration for an 80% fee waiver. Online registration is not an option for fee waivers.

**HOW TO REGISTER**

<i>ON-SITE</i>	<i>MAIL IN</i>	<i>DROP OFF</i>	<i>ONLINE</i>
9/28/2019 At locations listed above 10am-12pm	1201 Myers Park Dr. Postmarked by 11/06/2019	1201 Myers Park Dr. Drop off by 11/08/2019 M-F 8am-5pm	Tal.gov.com/Parks Begins 10/01/2019

Player's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender  M  F

Parent / Guardian \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Did your child play in **this age group** last season? \_\_\_\_\_ If yes, which team? \_\_\_\_\_

Would you be interested in coaching?  Yes  No Sibling registered in same age group:  Yes \_\_\_\_\_

Would you be interested in assisting?  Yes  No SIBLING'S NAME \_\_\_\_\_

Would you be willing to participate in a brief online survey to assess the benefits of youth sport participation for the Tallahassee community led by a Florida State University Sports Management research team.  YES  NO

**TEAM ROSTERS & CARPOOL POLICY**

Returning players to the same age group will go back to their teams. New players will be randomly assigned in an effort to balance the ages of players on each team.

**\*Requests for a specific coach will not be granted.**

Parks & Recreation will honor carpool requests that fall within the following guidelines:

Only 2 players can be placed together for carpooling. Carpool requests must be noted on both players' registration forms to be considered. If one of the two players is a returning player to the same age group, the carpool request will be granted, but the players will be assigned randomly to a new team. Siblings listed above will be placed together.

If you have any questions regarding this policy, please call Parks & Recreation Athletics at 891-3866.

NAME OF CARPOOL REQUEST, WHICH MUST BE RECIPROCATED TO BE HONORED \_\_\_\_\_

**REFUNDS** Refunds will be given prior to the first scheduled game. No refunds will be considered once the season begins unless a player is injured and can no longer participate. In this case, a prorated refund will be issued based on the number of games left in the season.

**WAIVER OF CLAIMS** It is agreed by the signature below that in the event my child is disabled, or incurs disease of a temporary or permanent nature while participating, to waive all claims or liabilities against the City of Tallahassee and the Parks, Recreation and Neighborhood Affairs Department, Coaches and Staff. I certify and take full responsibility for the above information being correct to the best of my knowledge. Also by my signature, I agree to comply with the Parent Code of Conduct Pledge (Please see "What Happens Now" flyer for Parent Code of Conduct).

The City of Tallahassee Parks, Recreation and Neighborhood Affairs Department reserves the right to photograph/videotape facilities, activities, and program participants for potential future use. All photos/footage will remain the property of the Tallahassee Parks, Recreation and Neighborhood Affairs Department and may be used for publicity or promotion purposes only.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL PRNA USE ONLY**

DATE:	AMOUNT PAID:	RECEIPT #:	INITIALS:	BIRTH DATE VERIFY
		CHECK #:		