

Apple Valley Parks & Rec

# Pee Wee & Hot Shots Basketball



**James Woody  
Community Center  
Mini Gym**

13467 Navajo Road  
Apple Valley, CA 92308

**Ages**

**Pee Wee:** 3-4

**Hot Shots:** 5-6

**Beginning**

**Saturday, June 1**

**(Games and practices held the same day)**

**Cost**

\$52 (deadline 5/9) or until divisions are full

For more info:

[AVrecreation.org](http://AVrecreation.org)

760-240-7880



**Town of Apple Valley  
Parks & Recreation Dept.**  
14955 Dale Evans Parkway  
Apple Valley, CA 92307  
(760) 240-7880

**A fun, non-competitive introduction to basketball for the little ones. Basic skills will be taught while having fun with other youngsters!**

**PROGRAM:** Winter/Spring 2019    **DIVISION:** Pee Wee (3-4)    Hot Shot (5-6)

PARTICIPANT NAME \_\_\_\_\_

BOY/GIRL \_\_\_\_\_    BIRTHDATE \_\_\_\_\_    AGE \_\_\_\_\_

PARENT/GUARDIAN NAME (PLEASE PRINT) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_    CITY \_\_\_\_\_    ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_    WORK PHONE \_\_\_\_\_

CELL PHONE # 1 \_\_\_\_\_    CELL PHONE # 2 \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_    RELATIONSHIP \_\_\_\_\_    PHONE \_\_\_\_\_

**ARE YOU OR SOMEONE YOU KNOW INTERESTED IN COACHING** \_\_\_\_\_

SHIRT SIZE (IF APPLICABLE):    Y-S    Y-M    Y-L

**TOWN OF APPLE VALLEY  
RECREATION DEPARTMENT**

**AGREEMENT AND RELEASE OF LIABILITY**

I, the undersigned, understand the following:

I am aware that recreational activities can be hazardous and I am voluntarily participating in these activities with knowledge of the hazard involved and hereby agree to accept any and all risks of injury or death. The Town is not responsible for participant's injuries or damages occurring from "hazardous recreation activities" (CA Government Code 831.7). The Town does not provide participants with medical insurance or treatment for injuries. I agree to hold harmless and release the Town of Apple Valley, its officers, agents and employees from any and all liability arising from or related to my participation in Town of Apple Valley program activities. This release includes, but is not limited to, all liability for death, personal injury or property damage resulting from the active or passive negligence of the Town of Apple Valley or its agents or any defective or hazardous condition of any property or equipment owned, operated or maintained by the Town of Apple Valley. I am responsible for any loss, theft or damage to personal or Town equipment, articles or facilities while using said equipment, articles and/or facilities. I am aware that special interest classes are conducted by independent contractors, not Town personnel.

**Parent/guardian Signature** \_\_\_\_\_    **Date** \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION**

In case of emergency, I give permission to the Town of Apple Valley Recreation Department to sign for emergency medical treatment for my child (ren) \_\_\_\_\_ until myself, my spouse, or the child's guardian arrives at the medical facility.

SIGNATURE \_\_\_\_\_    DATE \_\_\_\_\_

**AUTHORIZATION FOR USE OF PHOTOS**

I give permission for use of photos taken of my child (ren) during recreation programs and related activities to be used for publicity purposes in brochures, flyers, news releases and other print or broadcast media.

SIGNATURE \_\_\_\_\_    DATE \_\_\_\_\_