



# Croissant Park Community Center

245 West Park Drive, Fort Lauderdale, FL 33315

Phone (954) 468-1487 or (954) 523-1063



## Youth Basketball



Participants will learn the basic fundamentals of the game including dribbling, shooting, passing, defense and teamwork. There will be 3 weeks of training and 5 weeks of games. This program is designed for all participants to learn and have fun.

Monday:	4 - 5 year olds	6:30 - 7:30 p.m.
Tuesday:	6 - 7 year olds	6:30 - 7:30 p.m.
Wednesday:	8 - 9 year olds	6:30 - 7:30 p.m.
Thursday:	10 - 11 year olds	6:30 - 7:30 p.m.

### Registration Begins January 30!

☆ Sign up Now! Space is Limited! ☆

**Program Dates: March 19 - May 10 (8 Weeks)**



Residents: \$44.00

Non-Residents: \$66.00

Y.E.S. Fee: \$11.00



*Fees can be paid by credit card (Visa or MasterCard).*

### Croissant Park Office Hours

Monday - Friday 3:00-6:00 p.m.

Tuesday & Thursday 8:30-11:30 a.m. & 3:00-6:00 p.m.

**Y.E.S. PROGRAM:** The Youth Enrichment Scholarship (Y.E.S.) is available to City residents. Applicants must bring proof that the child is currently on the School Board Reduced or Free Lunch Program and proof of City residency during normal registration hours. All fees are due and payable at time of registration.

If you would like this publication in an alternative format (large print or audio tape), or if you need reasonable accommodation to participate in this program, please contact Marie Rock at (954) 828-4610 or mrock@fortlauderdale.gov at least seven business days prior to this program.

For Office Use Only:

Log# \_\_\_\_\_

# Basketball Registration

Please Print



Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone/Pager/Other \_\_\_\_\_

**RELEASE FROM LIABILITY:** Photo Release: I hereby grant authorization to the City of Fort Lauderdale to use photographs of myself, my child, or the program participants for public purposes.

**INSURANCE RESPONSIBILITY:** The participant or his guardian registered in the activities provided by the City of Fort Lauderdale understands that the participation may subject the participant to certain degree of risk of injury, and that the City will not be liable for medical expenses or other claims for damages, based upon any property damage or personal injury as a result of these activities. The participant must obtain any insurance protection.

**MEDICAL RELEASE:** If my child should become ill or injured and I cannot be reached, I give permission for my child to be treated by a physician in an emergency. YES NO

I have read and understand and agree that I will not hold the City of Fort Lauderdale liable for any personal injury or property damage I or my child may suffer as a result of participation in the activities.

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

\* **Credit Card Information**

Visa  MasterCard

Card # \_\_\_\_\_ 3 digit security code \_\_\_\_\_

Credit Card Amt. \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

