

Grimes Parks & Recreation De

Telephone: (515) 986-2143

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www.grimesiowa.gov

CITY OF
GRIMES



“Beginners” Basketball Clinic for 3-5 year olds

Program Description:

This program introduces the skills and rules needed to play basketball. Led by the Grimes Rec Staff, the participants move from station to station with their parent/guardian/older sibling working on passing, dribbling, shooting, running, and playing defense. The Grimes Rec Clinic Leader warms the kids up and cools the kids down with fun lead-up games and drills. **Each child must have a “coaching” parent present that is willing to go to each station throughout the clinic.** Kids progress at their own pace. Equipment used is a mini basketball for shooting and a smaller “Little Tikes” hoop. Min. 10/Max 20.

Who: Boys and Girls Ages 3-5

Where: Grimes Community Complex Gym

Dates: Session 1: Mondays, January 7 – January 28, 2013
Session 2: Mondays, February 4– February 25, 2013

Time: Ages 3-4: 5:15pm – 6:00pm
Ages 4-5: 6:15pm – 7:00pm



Questions: Contact Brett Barber, Grimes Park & Rec Director at bbarber@ci.grimes.ia.us or at 986-2143.

To Register: Register ONLINE at www.grimesiowa.gov, OR bring in registration to the Grimes Rec Office located in the GCC, OR mail to 410 SE Main St. in Grimes.

Cost: \$20 per player per session, \$15 for jerseys (if you don't have one already)

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2013 “Beginners Basketball Clinic” Registration Form

PARTICIPANT'S NAME: _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL (required): _____ PHONE: _____

I would like to be added to the Grimes Parks and Rec Email List: YES NO ALREADY ON LIST

Cost is \$20 per player per session.

Please indicate t-shirt size: **YS** **YM** **YL**

Please Circle- Session 1 Ages 3-4 Session 1 Ages 4-5 Session 2 Ages 3-4 Session 2 Ages 4-5

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date

Grimes Parks & Rec Office Location ~ 410 SE Main St. in Grimes