

Fredericksburg Parks & Recreation

Lil' Hoopsters Basketball

Ages 5-6 years

What to bring:

A junior size basketball
Water or Sports Drink

What to wear:

Sports shorts
Sneakers

When: Every Saturday beginning
Jan. 14th through Feb. 11th

Session I- 9:00-10:00 a.m.

Session II- 10:00-11:00 a.m.

Where: Walker-Grant Middle School

The program is held at WGMS, located at 1 Learning Lane
Fredericksburg, VA 22401

About: A fun introduction to basketball

Program is a basic introduction to basketball for kids ages 5-6 years old. We utilize a small participant-to-instructor ratio to ensure that each child receives the proper instruction and attention they deserve. Skills are taught around fun, interactive games and are designed to keep each child engaged!

Registration: City Registration begins Oct. 11th
Non-City Registration begins Oct. 18th
Registration ends Dec. 22nd
\$10 Late fee after Dec. 22nd

Fee: City Residents:\$20
Non-City Residents:\$40



Inclement Weather Policy:

Cancellations will be made with as much notice as possible. However, please sign up for cancellation notifications with Fredericksburg Alert at www.fredericksburgalert.com.

Sessions will be made up as needed.

For more information, please call
Justin Bullock at 540-372-1086, ext 214



**Lil' Hoopsters Basketball Registration Form
Winter 2017**

Please write legibly

Session I Time- 9:00 am <input type="checkbox"/>	Session II Time- 10:00 am <input type="checkbox"/>	Age: _____ (as of 3/1/2017)
Child's First and Last Name _____		Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address _____		
City and Zip _____		
Home Phone or Cell Phone _____	Child's Date of Birth _____	
Parent/Guardian Name _____		
Parent/Guardian Work Phone or Cell Phone _____		
Parent/Guardian E-Mail **Used for updates and notifications** _____		T-shirt Size <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL
Emergency Contact Name (Person other than parent/guardian who can be immediately contacted) _____		
Emergency Contact Number _____		
<p>*Department policy states that special requests for team placement cannot be honored. This includes requests for carpooling, assignment with friends, or particular coaches, specific practice times, etc.*</p> <p>Do you have any brothers/sisters playing? If so, what division are they in?</p> <p>_____</p> <p>ATTENTION: Does your child have any physical disabilities, allergies, medications or facts that we should be aware of? If yes, please list below:</p> <p>_____</p> <p>*By signing this form, I agree to the terms of the City's liability waiver, which can be found at http://fredericksburgva.gov/index.aspx?nid=1107 or in hard-copy from the Parks and Recreation Department.*</p> <p>_____</p> <p>Parent/Guardian Signature & Date _____</p>		
For Office Use Only	Date: _____	Amount Received: _____
D.O.B.: _____ Verified by: <input type="checkbox"/> New <input type="checkbox"/> BC List Staff Initials: _____		
Age Waiver: _____ Fee Waiver: _____		