



2010 K-2nd BIDDY BASKETBALL

Offered by:

City of St. Johns Recreation Department

Sponsored by:

St. Johns Community Education

- WHO: Boys & Girls, Kindergarten through 2nd grade
 WHAT: Biddy Basketball 2010
 WHERE: Oakview South, Gateway North Elementary
 WHEN: Saturdays: February 13, 20, 27 and March 6, 13, 20
 TIME: Practices/Scrimmages run from 9:00 a.m. through 3:00 p.m. or later
 Each Session is 1 hour long. (Schedules and Team Rosters will be posted on the city website www.cityofsaintjohnsmi.com by February 4th.)
 Coaches Clinic - TBA
- COST: \$31.00 St. Johns School District Residents, \$36 for non-St. Johns School District Residents. (Add \$10.00 late fee after Jan. 8th deadline)
- QUESTIONS: Contact the Recreation Department at 224-8944 ext. 227
- DEADLINE: January 8, 2010 - add \$10 after the 8th

REGISTRATIONS RECEIVED AFTER THIS DATE ARE NOT GUARANTEED TO BE PLACED ON A TEAM.

MAKE CHECK PAYABLE TO: City of St. Johns
 MAIL REGISTRATION TO: P.O. Box 477
 St. Johns, MI 48879
 Attn: Biddy Basketball

Keep top portion for your information – Please see website for more Winter Activity Information

Full Fee Must Accompany Each Registration - One Child Per Registration Form (Please Print)

Childs Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Grade: _____ Age: _____ Sex: M _____ F _____

T-shirt: YS(6-8) _____ YM(10-12) _____ YL(14-16) _____ AS _____ E-mail Address _____

Father's Name: _____ Phone: (H) _____ (C) _____

Mother's Name: _____ Phone: (H) _____ (C) _____

**YES, I AM INTERESTED IN VOLUNTEERING AS A COACH. PLEASE CONTACT ME WITH INFORMATION ON THE COACHES MEETING:
 T-Shirt size L ___ XL ___ XXL ___ XXXL ___ VOLUNTEER'S NAME: _____**

I recognize that my participation in sporting activities and athletic competition subjects me to certain risks of physical injury. I hereby assume this risk as my own and all responsibility for any such injuries as they relate to said participation in sports/recreational activities on City property or properties used for City recreational activities. By signing this document I agree to waive any rights or claims I may have for damages arising from injuries I may receive while participating in recreational events sponsored or supported by the City of St. Johns and/or the St. Johns Recreation Department. I hold harmless the City of St. Johns, St. Johns Public Schools, St. Johns Community Education and any of its employees or agents from all such claims, lawsuits, actions and/or damages.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____