



FALL 2009

BASKETBALL SCHEDULE

www.citysportson4.com
info@citysportson4.com

**DON'T MISS OUT!
CLASSES FILL FAST!**

INSTRUCTIONAL CLASSES 10 Week Session			
	Mondays	Tuesdays	Wednesdays
Dates/Times	9/14 - 11/16	9/15 - 11/17	9/16 - 11/18
4:00 - 5:00	1st - 2nd Grade	1st - 2nd Grade	1st - 2nd Grade
4:00 - 5:00	3rd - 4th Grade	3rd - 4th Grade	3rd - 4th Grade
5:00 - 6:00	5th - 6th Grade	5th - 6th Grade	5th - 6th Grade
6:00 - 7:00	7th - 8th Grade	7th - 8th Grade	7th - 8th Grade
6:00 - 7:00	High School Workout	High School Workout	High School Workout

Classes meet once/week for 10 weeks. Make-ups must be made up during same session.

IN-HOUSE LEAGUE	
	Thursdays
Dates/Times	9/17 - 11/19
4:00 - 5:00	1st - 2nd Grade
4:00 - 5:00	3rd - 4th Grade
5:00 - 6:00	5th - 6th Grade
6:00 - 7:00	7th - 8th Grade

- Limited to 10 players per team
- Highly recommended for class participants
- Coached by City Sports coaches
- Includes:**
 - 8 Regular Games + Playoffs
 - City Sports In-House League T-Shirt

Create a Class/Group	
	Fridays
Dates/Times	9/11 - 11/13
4:00 - 5:00	Create a Class
5:00 - 6:00	Create a Class
6:00 - 7:00	Create a Class

Start your own class! Minimum of 6 kids required.

INSTRUCTIONAL CLASSES - \$275/session	IN-HOUSE LEAGUE - \$175 (Class Participants)	Create a Class/Group - \$275/session
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed Time: _____ Grade: _____	Time: _____ Grade: _____ * \$225 for Non-Class Participants	Time: _____ Grade: _____
Payment Info: Amount: _____ Check #: _____	Credit Card: Visa MC Account#: _____ CVV/CVV2: _____ Billing Zip: _____	Exp Date: _____ Signature: _____

Please make checks payable to: City Sports on 4

Child's Full Name _____ School _____

Age _____ Date of Birth _____ Male Female

Parent/Guardian Name _____ Home Phone _____ Cell Phone _____

Email _____

Street _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Phone _____ Relation _____

Waiver and Release of all Claims

Please read this form carefully. When you sign this form you waive and release all claims for injuries your child might sustain arising out of their use of the facilities and participation in the activities and programs at City Sports on 4.

Acknowledge risk injury: As a participant in the activities or programs at City Sports on 4, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which my child may sustain as a result of participation or use of such facilities, activities or programs.

Waive, Release & Indemnify: I hereby waive, release and discharge any and all claims I may have or may acquire against City Sports on 4, its officers, agents, servants and employees as a result of my or my child's participation in the activities and programs of City Sports on 4; and I agree to indemnify and hold harmless City Sports on 4, its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses, including death, sustained while I or my child are participating at City Sports on 4 facilities.

I have read and fully understand the above Waiver and Release of all Claims Form.

SIGNATURE _____

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