



WINTER II 2012

BASKETBALL SCHEDULE

1st thru 3rd Grade - INSTRUCTIONAL CLASSES					\$275 9 Week Session
	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Dates/Times	Starts Sept. 12th	Starts Sept. 13th	Starts Sept. 14th	Starts Sept. 15th	Starts Sept. 16th
4:00 - 5:00	1st /2nd Grade	1st/2nd Grade	1st/2nd Grade	1st/2nd Grade	Create a Class
4:00 - 5:00	3rd Grade	3rd Grade	3rd Grade	3rd Grade	3rd Grade
Classes meet once/week for 9 weeks. Make-ups must be made up during same session.					

4th thru HS - INSTRUCTIONAL CLASSES					4th -8th: \$325 9 Week Session
	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Dates/Times					
4:00 - 5:30	4th Grade	4th Grade	5th Grade	4th Grade	Create a Class
5:00- 6:30	5th /6th Grade	5th/6th Grade	5th/6th Grade	5th/6th Grade	Girls 5th/6th
5:30 - 7:00	7th/8th Grade	7th/8th Grade	7th/8th Grade	7th/8th Grade	Create a Class
5:30 - 7:00	Create a Class	Create a Class	Create a Class	Create a Class	Create a Class
Classes meet once/week for 9 weeks. Make-ups must be made up during same session.					

1st thru 3rd Grade - \$275 per session	4th thru 8th- \$325 per session	Create a Class
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs Time: _____ Grade: _____	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Time: _____ Grade: _____	Day: _____ Time: _____ Grade: _____
Payment Info: Amount: _____ Credit Card: Visa MC Account#: _____ Exp Date: _____ Check #: _____ CVV/CVV2: _____ Billing Zip: _____ 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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