

## Fredericksburg Parks, Recreation & Events

# Lil' Hoopsters Basketball

Ages: 5-6 years

**Register:** October 1<sup>st</sup> - January 3<sup>rd</sup> (City)  
October 8<sup>th</sup> - January 3<sup>rd</sup> (Non-city)

**When:** Every Saturday beginning  
**January 11, 2020 through February 8, 2020**  
Session I- 9:00-10:00 a.m.  
Session II- 10:00-11:00 a.m.

**Where:** Lafayette Upper Elementary School  
The program is held at LUES, located at 3 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! No age waivers into Lil' Hoopsters allowed.

**Fee:** City Residents:\$30  
Non-City Residents:\$50  
**\$10 Late fee after Jan. 3<sup>rd</sup>**

**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](http://www.fredericksburgalert.com).  
Sessions will be made up as needed.

**What to bring:**

27.5 size basketball  
Water or Sports Drink

**What to wear:**

Sports shorts  
Sneakers



For more information, please call (540) 372-1086.



Lil' Hoopsters Basketball Registration  
Winter 2020

*\*Please write legibly\**

Session I Time- 9:00 am <input type="checkbox"/>	Session II Time- 10:00 am <input type="checkbox"/>	Age: _____ (as of 3/1/2020)
Child's First and Last Name _____		<b>Child's Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address _____		
City and Zip _____		<b>T-shirt Size</b> <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL
Home Phone or Cell Phone _____	Child's Date of Birth _____	
Parent/Guardian Name _____		
Parent/Guardian Work Phone or Cell Phone _____		
Parent/Guardian E-Mail <b>**Used for updates and notifications**</b> _____		<b>T-shirt Size</b> <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 <b>(Person other than parent/guardian who can be immediately contacted)</b> _____		
Emergency Contact Number _____		
<p><b>*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.*</b></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><b>*By signing this form, I agree to the terms of the City's liability waiver, which can be found at <a href="https://www.fredericksburgva.gov/DocumentCenter/View/7296/Liability-Waiver-and-Policies?bidId=">https://www.fredericksburgva.gov/DocumentCenter/View/7296/Liability-Waiver-and-Policies?bidId=</a> or in hard-copy from the Parks and Recreation Department.*</b></p> <p>_____</p>		
Parent/Guardian Signature & Date _____		
<b>For Office Use Only</b>	<b>Date:</b> _____	<b>Amount Received:</b> _____
D.O.B.: _____ Verified by: <input type="checkbox"/> New <input type="checkbox"/> BC List Staff Initials: _____		
Age Waiver: _____ Fee Waiver: _____		

**Volunteer to Coach!**

**No experience is required, just a desire to have fun and help kids learn the fundamentals!**

Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (C)

Age Divisions:                      Session I                                      Session II  
    9:00 a.m. - 10:00 a.m.                                      10:00 a.m. - 11:00 a.m.

E-mail: \_\_\_\_\_

Shirt Size: AS      AM      AL      AXL

I want to coach with: \_\_\_\_\_ (List ONE person)      I want to be:      Head Coach      Assistant Coach

**Background Check Authorization**

Print Name: \_\_\_\_\_  
(First)                                      (Middle)                                      (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr)                                      (Street)                                      (City)                                      (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr)                                      (Street)                                      (City)                                      (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr)                                      (Street)                                      (City)                                      (Zip/State)

Social Security Number: \_\_\_\_\_                                      DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Fredericksburg Parks, Recreation, & Events** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **Fredericksburg Parks, Recreation, & Events** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**Fredericksburg Parks, Recreation, & Events** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_                                      Date: \_\_\_\_\_