

# BIG KINDERGARTEN BASKETBALL

We're looking for Kindergarten and Pre-Kindergarten students to play in the Big K Basketball League. This 4 week program will help young players start developing skills on the basketball court. The players will be placed on teams and will play twice a week. Players will learn to dribble, pass, and shoot, while having a great time! This league is co-ed and will be coached by volunteer parent coaches. The focus will be to use games and fun drills to teach basic skills and mostly - have fun! The last day will be a mini-tournament of games. Don't forget to include a t-shirt size on the form. Parents interested in coaching should call 425-413-3431.



**Space is limited - Register Today!!**

**Course: SP40.109**      Date: 10/12/09-11/05/09  
 Time: 6:30-7:15 PM & 7:15-8:00 PM (Times will rotate)  
 Coaches will contact you with exact schedule & location  
 Age: PreKindergarten & Kindergarten Only  
 (Boys & Girls ages 4, 5, 6)  
 Fee: \$40/player includes T-shirt & Basketball

Parent Volunteer Coaches are needed to run this program. Please check yes here if you can be a coach. TLC will contact you with more information.

Yes       No

Name of Person Paying for class (Print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Method of Payment: Cash, Check, or

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Mail Form To TLC:  
 25720 Maple Valley/Black Diamond Rd SE  
 Maple Valley, WA 98038  
 Call: 425-413-3405 or Fax to: 425-413-3455

Yes, I would like to be notified of future TLC listings by email

Course Number	Course Title	Participant's Name	School/Grade	Course Fee

Roster \_\_\_\_\_  
 DB \_\_\_\_\_  
 RW# \_\_\_\_\_

**FOR  
OFFICE  
USE ONLY**

Participant T-Shirt Size  
 YS, YM, YL  
 Coach Shirt Size  
 AS, AM, AL, AXL, AXXL

\$5/person TLC registration fee	
<b>TOTAL</b>	<b>\$</b>

**Tahoma Learning Community Hold Harmless Clause:**  
 The undersigned adult on behalf of themselves or their children agree to hold Tahoma Learning Community, it's agents, employees, & officials, while acting within the scope of their duties, harmless from all causes of actions, demands, and claims, including the costs of their defense, arising in favor of myself, of the child participant, or third parties on account of personal injuries, death, or damage to property arising out of activites at the premises & in any way connected with the activites of myself or the child participant in the Tahoma Learning Community Programs except for those acts or commissions which are the sole negligence of the Tahoma Learning Community, it's agents, employees & officials. By my signature below, I also acknowledge and hereby consent to promotional publication of photographs that may be taken during TLC class participation.

Adult Participant/ Parent Signature: \_\_\_\_\_

# Assumption of Risk /Permission to Participate

I \_\_\_\_\_ as parent or guardian of \_\_\_\_\_ hereby give my permission for my child to participate in the Tahoma Learning Community's Big K Basketball Program.

Address: \_\_\_\_\_

Player's home phone # \_\_\_\_\_ Parent Cell Number \_\_\_\_\_

Parent Cell Number \_\_\_\_\_

Player's Date of Birth \_\_\_\_\_ Family Physician \_\_\_\_\_

Dr. Phone# \_\_\_\_\_

Medical conditions, medication information or allergies district should be made aware of:

In the event of an emergency, I wish the following persons to be notified in case I cannot be contacted:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

I acknowledge that this activity entails known and unanticipated risks, which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in the activity. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency medical care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem to any involved treatment.

In the event it becomes necessary for the school district staff in charge/volunteer coach to obtain emergency care for my student, neither she/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

I have read the attached (detailing dates, places, and events, etc) and understand that the Tahoma Learning Community will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities.

Adult Participant/ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_