Start Smart Fee: \$40+tax

Player information (Must be 3 by 1/9/23)

2025 Start Smart Basketball



Thursdays, January 30 – March 6 5:30-6:30pm Floyd Dryden

| First Name | Last Name | | Birthdate | | Age | Gender | | |
|--|------------|-------------|------------|------------------------------|-----------|--------|---------|--|
| | | | | | | Male□ | Female□ | |
| Mailing Address & Zip Code | | | | | | | | |
| Emergency Contact Name & Phone Number Relationship to child | | | Special I | Special Requests or concerns | | | | |
| Parent/Guardian Contact Information | | | | | | | | |
| First Name | Last Name | | | | Birthdate | | | |
| | | | | | | | | |
| Mailing Address & Zip Code Prefe | | | Preterred | Preferred method of contact | | | | |
| Home Phone | | | | | | | | |
| | Cell Phone | | | Cell Phone Carrier | | | | |
| Work Phone | | | | | | | | |
| Email Address (required) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Payment Information: Check # Amount: | Cash | MC Visa P&F | R Credit — | — P&R Sch | nolarship | | | |
| Name on Card | | | | | | | _ | |
| Card Number | | | | | | | _ | |
| Ex. DateCV | | | | | | | | |

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CivicRec #:

<u>Philosophy</u>: The Juneau Parks and Recreation Department youth sports program is oriented towards providing a healthy recreational and social learning experience for children. Fun and sportsmanship are emphasized rather than competitive attitudes.

Street/PO Box

Date Received:

Card Holder billing address if different from participant mailing address:

Start Smart Basketball is a six week, one hour per week instructional program that prepares children (through age 4) for the world of organized basketball without the threat of competition or the fear of getting hurt. Children and the adult in their life participate in each session. Each child will receive a T-shirt and a participant manual to keep. Adults work with their child in a supportive environment to learn the basic skills: dribbling, catching, passing, shooting, and agility. Start Smart's goal is to develop a child's basic interest in basketball, to increase their self-confidence and to help them find success in sports, all of which can lead to a lifetime of continued fitness and health.

Refund Policy: A refund or credit will be given if notification is received 3 full working days prior to the first league game. For a medical cancellation, a physician's statement is required and a partial refund will be given, prorated to the date of the notification. If a P&R credit is requested, there is no service charge. If a refund is requested, there is a \$5 service charge per participant. Credit must be used 1 year from date of issue.

P&R Office Use Only

Email & Cell phone: your information will not be given to a third party platform. By giving us your information, you agree to receive emails from the P&R department, from your child's coach, and text message updates regarding the program you have signed up for.

Notice: Occasionally Parks & Recreation photographs participants enrolled in recreation programs, events or on P&R property. These photographs are used to P&R purposes only and may be included in future P&R media. Your presence is your consent, without compensation, from P&R to use your likeness.

You can fax, mail or email in your registration forms! Fax: (907)586-4589

Email: parks.rec@juneau.gov

Mailing: 155 Heritage Way Juneau, AK 99801
You can drop forms off at Zach Gordon Youth Centerl
Questions? Email mj.goedeken@juneau.gov

CITY AND BOROUGH OF JUNEAU ALARAS CAPITAL CITY PARKS & PEOPPATION

Start Smart Participation

Assumption of the Risk, Release and Indemnification Agreement

In consideration of my being permitted by Juneau Parks & Recreation (hereinafter "P&R"), to participate in Start Smart activities, I agree to the following:

I acknowledge there are inherent risks in playing Start Smart Basketball. I am aware that when participating in Start Smart serious accidents occasionally occur and that participants occasionally sustain personal injury or death and/or property damage.

Potential injuries from participating in Start Smart are injuries to ankles, knees, and legs, along with other parts of the body due to running, jumping, quick and abrupt starts and stops, and the risk of injury as a result of being struck by another player or equipment. The gym and surrounding areas of the gym cannot be ensured to be free of defects, and that there is a risk of injury as result of tripping on an unknown hazard on or nearby the court itself. In addition to the above mentioned risks, there are unpredictable dangers involved in this sport.

I acknowledge that I am responsible for the proper use of all equipment. I agree to assume all the risks associated with the use of any equipment, whether it belongs to P&R or my own. I agree to pay attention to the state of the equipment and to advise P&R staff if I do any damage or notice any damage. I agree to abide by all P&R rules and if P&R staff makes a specific request of me, or gives instruction to me, I agree to comply.

I understand that P&R does not assume responsibility for the safety of my personal property while I am participating in Start Smart. I represent to P&R that there is no reason why I should not participate in Start Smart, such as any medical condition, which might affect my abilities to participate in Start Smart. I agree that it is my responsibility to participate in Start Smart within my abilities.

Waiver and Release:

By my signature below and in consideration of my participation in Start Smart and use of the Start Smart equipment, or the use by the minor for whom I sign below, I waive and release the CBJ, its employees, and its agents from all liability, loss, and/or damage claim or cause of action, known or unknown, including but not limited to physical or mental injury, property damage, and wrongful death, that I may have against the CBJ, its employees, and its agents, for any and all injuries, damages, or death incurred in relation to my participate in gymnastics and/or use of gymnastics equipment, including those caused by the negligence of the CBJ, unless my injuries, damages or death is caused by the gross neglect of the CBJ or its employees or agents. By signing this agreement, I intend to release the City from liability with respect to any damages or injuries caused by the unavoidable and inherent risks involved in playing Start Smart. My signature below indicates that I have had sufficient opportunity to read this document and that I have read it, and that I understand it, and that I understand that it affects my legal rights, and the legal rights of any minor I am signing on behalf of, and I agree to be bound by these terms both for myself and as the legal guardian of the minor whose name appears below.

| Signature of Participant: | Date: | _ |
|--|-------|---|
| Print Name: | | |
| Signature of Parent or Legal Guardian: | Date: | |
| Print Name | | |