

GAME 7

WINTER II 2016

After School Basketball Program

When: Mondays - Classes begin January 30, 2017

(class dates: Jan: 30, Feb: 6, 13, 27, March: 6, 13, 20, 27)

Classes are 55 minutes and will run for 8 Weeks

Time: 5:30-6:25 (pre-k & Kindergarten)

6:30-7:25 (1st & 2nd grade)

7:30- 8:25 (2nd & 3rd grade)

* Times may be subject to change by 1 hour if we can improve the class by splitting it up better according to registrations received. *Spots will fill up quickly*

Who: Enthusiastic boys and girls in K-3rd grade.

Where: C.A.T.S. Gymnasium

188 Maple Ave

Rockville Centre 11570

Price: \$115 Please make checks payable to: Game 7 Sports, Inc.

Mail payment to: 29 Marvin Ave

Rockville Centre, NY 11570

These group workouts are for any players in grades kindergarten-3rd grade. These workouts are training sessions and the players will be taught a specific skill each session. They will also scrimmage and get game experience. The program is fine for beginners or players with some court experience. It is co-ed and players will see dramatic improvement if they practice what they are taught. We will only be playing basketball and this is for players who enjoy the game and are eager to learn.

Please detach this enrollment form and mail along with your check to: Game 7 Sports, Inc. 29 Marvin Ave, Rockville Centre, NY 11570

Player's name: _____ Grade*: _____ Phone: _____

Address: _____

*2nd graders please circle your 1st choice for time slot:

6:30 or 7:30

(if your first choice is full when registration is received we will let you know via email)

*Email Address: _____ (all correspondence is done via email)

**to ensure you receive program correspondence please add us to your contacts: admin@game7sports.com

School: _____ Emergency contact: _____

I understand that any player who does not abide by the rules and regulations promulgated by Game 7 is subject to dismissal without reimbursement or recourse. GAME 7 will not be responsible for injury or illness if same was not caused through fault of Game 7. I hereby authorize the directors to act accordingly for me according to their best judgment in any emergency if I cannot be contacted.

Date: _____ Parent/Guardian Signature: _____ WTRIIaftschbb