



# Do you like to play basketball?

Do you want to be a better shooter, dribbler, passer, defender?

Do you want to have fun learning how to become a better player?

*It's back...*

## AFTER SCHOOL HOOPS®

After school basketball clinics for boys and girls in grades K-2  
presented by **One on One Basketball**

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Join **One on One Basketball** for **AFTER SCHOOL HOOPS®** at Addison Elementary. Throughout the fall, skilled and experienced basketball instructors will conduct a one hour clinic each week for you and your friends. Learn, work hard, get better with One on One!

### GAMES \* CONTESTS \* DRILLS

Addison After School Hoops®

**K – 2<sup>nd</sup> Grade: Thursdays 2:25 – 3:25 pm**

Dates: September 17 – December 10 (No class 11/26)

*Meet your coach on the outdoor basketball court!*

*Cost: \$150*

#### ADDISON REGISTRATION FORM FALL 2009

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents Names \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Email \_\_\_\_\_

Please return my child to AKC  My child will be picked up after class

For the protection of your child, One on One Basketball has adopted a sign-in/sign-out policy for all classes held by One on One Basketball. Please note that your child must be picked up by an adult after class or the teacher must be presented with a form authorizing the child's right to sign him/herself out of class. If your child signs him/herself out of class, s/he must be able to provide his/her own transportation home after class.

In consideration of participation in this program, I hereby indemnify and hold harmless and release the PAUSD, PTA, City of Palo Alto, its agents, its employees, and volunteers working for the City or School District from any and all liability for injury suffered by myself or my child arising from or connected with this program. I assume all risk for any injuries. I sign of my own free will.

Signature of parent or legal guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to **One on One Basketball** and mail with registration form to:

**1020 Haven Ave., Redwood City, CA 94063**

*Register online at*

[www.1on1basketball.com](http://www.1on1basketball.com)

For more information, call (650) 366-1on1 (1661)