



Kaukauna Recreation Department 2019 Girls Little Dribblers



The Kaukauna Recreation Department and The Kaukauna High School Girls Basketball Program are teaming up to present an instructional basketball program for girls in first through fourth grade. Players will learn and practice the fundamental skills of dribbling, shooting, passing, defense and more as directed by Kaukauna High School players and coaches.

PLEASE NOTE: Registrations will NOT be taken at the gym, and ALL players MUST be pre-registered at the Recreation Department to participate.

Grades: 1st - 4th Grade Girls
 Location: Kaukauna High School Gym
 Schedule:

Day	Date	Time: Grades 1 & 2 Program Code: GLD12	Time: Grades 3 & 4 Program Code: GLD34
Sunday	October 13	4:00-5:00 pm	5:00-6:00 pm
Sunday	October 20	4:00-5:00 pm	5:00-6:00 pm
Sunday	October 27	4:00-5:00 pm	5:00-6:00 pm
Sunday	November 3	4:00-5:00 pm	5:00-6:00 pm
Sunday	November 10	4:00-5:00 pm	5:00-6:00 pm
Sunday	November 17	4:00-5:00 pm	5:00-6:00 pm

Special Date: TBA The Little Dribblers will perform at half-time of the KHS Varsity Ghosts game! (Coaches will provide more details)

Fee: City Resident & School Resident \$20.00; Non-Resident \$30.00. Deadline: 10/4.
 (T-shirt & basketball will be issued on a first-come; first-served basis while supplies last!)

Register By mail or in person: **By telephone:**
 KR D 920-766-6335
 PO Box 890 **Online:**
207 Reaume Ave (New Address!) www.cityofkaukauna.com
 Kaukauna, WI 54130
 (Please make checks payable to: KR D)



2019 Girls Little Dribblers

Name _____ Birth Date _____ Grade _____

Address _____ City _____ Phone _____

Email _____ Shirt (circle) S (6-8) M(10-12) L(14-16) S M L
Youth Sizes Adult Sizes

Parent Willing to Volunteer _____

I hereby agree to release, discharge, indemnify and save the City of Kaukauna and its departments, employees and agents harmless from any and all liability claims, damages and causes of action and costs of defense including attorney fees and other costs of whatever kind or nature which may arise or which result from participating in the above mentioned program. This is also my written permission to have my child admitted and attended to for medical and/or dental treatment in case of sickness or injury. This release shall be binding on the player's heirs, assigns, executors and administrators.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____