



Invites you to enroll in Fall 2016 Basketball Classes for boys and girls from Kindergarten to 5th grade at Carden Academy of Almaden

Basketball classes focus on developing skills, improving self-esteem, and fair play while teaching the fundamentals of basketball such as shooting, dribbling, and passing. Fun games will be played in each class. Registration at the school office at any time of the year. Fee includes \$10 annual inscription and a Ribbon.

Grades	Class Day	First Class	Last Class	Time	# of classes	Fee
K to 5 th	Friday	August 26, 2016	October 28, 2016	3:45 to 4:30	9	\$150

Dates: August 26 September 2, 9, 16, 30 October 7, 14, 21, 28. No class on September 23

Payments to the order of Rebound Basketball Academy.

Please complete the form, sign & return it to the school with the fee:

Student's Name: _____ Grade/Class: _____

E-mail: _____ Address: _____

Student's Medical Limitations that you are aware of: _____

Emergency contact phone numbers: _____

I give permission for my child to attend after school basketball classes on Friday at Carden Academy of Almaden (CAA). All participants must complete a registration/release form before taking part in the Rebound Basketball Academy (RBA) Program. No exceptions will be made as this is to protect all involved.

SPECIAL CONSIDERATIONS: It is the responsibility of every individual participant or his/her parent(s) or legal guardian to provide his/her own accident and health coverage while participating in all RBA activities at CAA. RBA and CAA do not provide any accident or health coverage for its members or guests. RBA and CAA cannot accept any responsibility for minors (children under the age of 18) except when they are under the supervision of an appropriate employee. Parents/guardians will be responsible for notifying staff of a child's absence, late arrival, early or late pick-up and any special circumstance. For the protection of participants under the age of 18, RBA at CAA Coach will pick students from the after school center or their respective classroom to the court and will return them at the end of the class to the same place. RBA may use photographs of participants for publicity purposes. **CONSENT AND RELEASE:** As the parent, agency/representative, or legal guardian, I hereby give consent for RBA and CAA to provide all emergency medical/dental care prescribed by a duly licensed physician (MD) or dentist (DDS) for my child/relative under whatever conditions are necessary to preserve the life, limb or well-being. By participating in RBA at CAA activities and programs, I agree to assume the risk of such activities and programs and further agree to release and hold harmless RBA, CAA and its staff members from any and all claims, suits, losses or related injury or death, accident or otherwise, during or arising in any way from the activities or programs of RBA at CAA. I acknowledge and agree that this general release of liability of RBA and CAA is binding upon me personally as well as in my capacity of the parent or guardian of my child and on my heirs, personal representatives, successors and assigns. In consideration of participation in this program, I hereby indemnify and hold harmless and release RBA CAA, its agents, its employees and volunteers working for either RBA or CAA 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 have read and agree to the special considerations noted above. **PAYMENTS:** Payments must be made in full prior to participation in the program. RBA will pro-rate the session fee. **REFUND POLICY:** Refunds must be requested by e-mail only and will be possible 10 days after the inscription; later, there are not refunds. There are not fee refunds for school absence or sickness. A \$20 processing fee applies to each activity cancellation requested by the participant. If a check accidentally bounces a charge of \$50 fee will be added. **CANCELLATIONS:** Classes that are cancelled due to inclement weather will be made up at a later date. RBA will communicate the date of a make-up class by e-mail.

Parent or Guardian Print Name: _____ Signature: _____ Date: _____

For more information please contact: Manuel Minzer-CEO of Rebound Basketball Academy Inc.

Phone: 408-499-6707-E-mail: manuelminzer@yahoo.com; www.reboundbasketballacademy.blogspot.com

