



2019 SHOOTING STARS



The Manning and Manilla Rec Centers are co-hosting a fundamental basketball league for boys and girls in grades Preschool-3rd grade.

League: Manning Rec Center or the Manilla Wellness Center – you choose! Indicate below which town you'll be participating in.

Practices: Practices will be February 19th, 21nd, 26th and 28th

Pre-school: 5:15 to 5:40 Kdg- 1st grade: 5:40-6:20

2nd & 3rd grades: 6:20-7

Game: Scrimmage on March 2nd. The site you practiced in will be the site you scrimmage in.

Pre-school @ 9:30 AM

Kindergarten and 1st @ 10:00,

2nd and 3rd @ 10:30

Equipment: Team shirts will be given at practice. Practice shorts and clean gym shoes are required.

Fee: \$20 per member, \$30 per non-member.

Completed Forms:

Manning participants: Drop off at the Rec Center or mail to: 321 Center St. Manning, IA.

Make checks payable to Manning Rec Center.

Manilla participants: mail to: 728 11th Ave. Manilla, IA.

Make checks payable to the Manilla Wellness Center.

Questions:

Manning: contact Cory Arp @ 655-3861 or manningrec@mmctsu.com.

Manilla: contact Janette Hansen @ jhansen7158@gmail.com.

REGISTRATION DEADLINE February 8th, 2019
\$10 LATE FEE WILL BE CHARGED AFTER February 8th.

Shooting Stars

Participating at: Manning _____ Manilla _____

Grade: Pre K Kdg 1st 2nd 3rd

Boy: _____ Girl: _____

Participant's name: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

Circle: Youth T-Shirt Size: YS YM YL

Adult T-Shirt Size: S M L XL XXL

Waiver For Participant By Parent/Guardian:

I agree to assume full responsibility for any risk implicit or direct by participating in any activity for facility. The City of Manning and The City of Manilla does not provide individual, team or group accident insurance for participants in parks and recreation. The individual mentioned above has my permission to participate. I also give permission for any photos of participants taken during the program to be used for future Department promotional materials.

Signed: _____ Date: _____

Volunteer
(1-2 hours per week/ 1-2 weeks)

_____ Asst. Coach

Name: _____

Phone: _____

Email: _____

For those coaching: Shirt Size (Adult):

S M L XL XXL

We encourage parents/guardians to help out in some way. We do need assistance during this program. Please help out if you are available.

Please note; a guardian will be expected to stay during each practice for the safety of the child. Thank you