NORWALK PARKS & RECREATION

(419) 663-6775 www.norwalkrec.com

YOUTH BASKETBALL – WINTER 2025-2026

** **PROGRAM INFORMATION SUBJECT TO CHANGE AT ANY TIME** **

Boys & Girls (5 yrs - 3rd Grade)

Games: Saturday Mornings starting 1/10
Clinics: Dec. 6 - Times TBA
Practices: Dec. 13 & 20 -Times TBA

Boys & Girls (4th, 5th & 6th Grade)

Games: Weekdays after school starting 1/5
Clinic: Nov. 18 @ 5pm (11/19 if needed)

REGISTRATION: Opens 10/6 until rosters are full

Price:
$35 for Norwalk City residents/students & Ernsthausen Members
$45 for out of town students
$5 addt'l for registration after 11/2

(The Park & Rec. Dept. does offer financial assistance for youth fees. Please contact the center for information).

****Return contract with player's fee to Ernsthausen Community Center. Checks payable to 'City of Norwalk'****

Child's Name_____ School_____ Member Exp._____
Address_____ City_____ Phone_____
Grade_____ Birthdate____/____/____ Male_____ Female_____ Height_____'_____" Weight_____

****Parent email**_____

Circle T-shirt Size: Youth Sm. Youth Med. Youth Lg. Adult Sm. Adult Med. Adult Lg. Adult XL

Mother's Name_____ Home Phone_____
Mother's Employment_____ Business Phone_____
Father's Name_____ Home Phone_____
Father's Employment _____ Business Phone _____
Alternate person to be contacted_____ Phone_____

Facts concerning your child's medical history including allergies, medications being taken, and any physical impairments that would be beneficial for this department to be aware of:

_____

I agree that I will hold harmless and indemnify any rights and claims for damages against the Norwalk Parks & Recreation Dept. or the City of Norwalk for any injuries incurred during activities my child is participating in, including but not limited to exposure to or illness resulting from COVID-19. I assume all responsibility as a result of my child being permitted to participate in the programs. The alternates listed above are hereby authorized in my absence to consent for treatment to be given to my child. In the absence of myself and all alternates listed above, I hereby give my consent for treatment deemed necessary by any acting physician or dentist.

Signature of Parent or Guardian_____ Date_____

Requests to be with certain players or coaches will not be made except in same household!!!

Interested in helping coach a team? □ New Coach □ Returning

Name_____ Phone_____
Social Security # ____/____/____ Birthdate____/____/____
Email _____
Experience_____

I _____ give permission to the Norwalk Parks & Recreation Dept. to perform the necessary background screenings, which may include driving history, criminal conviction history, and general public history.

Volunteer Signature Date

PLAYER REQUIREMENT

A new state law, known as "Lindsay's Law," calls for pre-participation education and training for families & coaches, with guidelines for recognizing and dealing with the symptoms of **Sudden Cardiac Arrest**. It aims at raising awareness of **Sudden Cardiac Arrest** to ensure preparedness and proper response in the event of medical emergencies.

Here are the REQUIRED steps:

1) Watch short **SCA** video @ **norwalkrec.com**
2) Sign the **REQUIRED SCA** form
3) Return signed form at time of registration.

RN:_____ Date_____ Amt. Pd._____ Initials _____ ☐ SCA form