



**NORWALK PARKS & RECREATION**  
100 Republic Street - (419) 663-6775  
www.norwalkrec.com

**SPORTIES FOR SHORTIES – basketball 2025**

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

This will be a parent and child interactive introductory basketball program for children **3-5 years old**. Children will be taught the basics of the sport basketball through different games and activities. The program will be held for five weeks on Saturday mornings

**When:** Saturday, Oct. 4 – Nov. 1

**Time:** Morning, TBA

**Where:** Perkins Family Gym

**Cost by Sept. 21:**

\$20 for Norwalk City residents/students and Ernsthausen Members

\$25 for out of town students

Late registration beginning **Sept. 22:**

\$5 additional per student

Checks are to be made payable to 'City of Norwalk.'

All forms and fees turned into the Ernsthausen Community Center.

**REQUIREMENT FOR PLAYERS**

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 on back.
- 3) Return signed form at time of registration.

***NO CHILD MAY PARTICIPATE WITHOUT FORM***

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

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(Please fill out completely so teams may be divided equally)

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Member Exp. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_' \_\_\_\_" Weight \_\_\_\_\_

**\*\*Parent email** \_\_\_\_\_

(This is the main form of communication for information about the program. Check email regularly during this time.)

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 \_\_\_\_\_

RN: \_\_\_\_\_ Date \_\_\_\_\_ Amt. Pd. \_\_\_\_\_ Initials \_\_\_\_\_ ☐ SCA FORM

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