SHALER AREA LITTLE TITANS BASKETBALL PROGRAM

WHAT IS IT — A basketball program for **BOYS AND GIRLS** going in to **GRADES 1st, 2nd, & 3rd** who attend school in the Shaler Area School District. Each session will focus on fundamentals, drills, and games.

WHEN IS IT — Monday June 25th-Thursday June 28rd from 8:30am-9:30am

WHERE IS IT — Shaler Area High School Gymnasium A.

WHO RUNS IT — Rob Niederberger — Shaler Area Head Boys' Basketball Coach
Mike Mancuso — Shaler Area Asst Boys' Basketball Coach

HOW TO REGISTER — Fill out the bottom portion of this paper and mail to:

Little Titans
2456 Bellwood Drive
Pittsburgh, PA 15237

NOTE: Deadline for registration is June 11th, 2018.

COST OF PROGRAM — $40.00 (Includes a basketball).

*Checks made payable to SABBA.

LITTLE TITANS REGISTRATION 2018

Name of Student _____ Grade 1 2 3

Home Address _____ Parent Name _____

_____ E-Mail _____

Home Number _____

Cell Number _____ School _____

Contact Information

Rob Niederberger **robnieder@yahoo.com**

****CHECK OUT OUR WEBSITE FOR CONSTANT CAMP UPDATES AND FOLLOW US ON TWITTER @Shalertitanhoop**

PARENT/GUARDIAN RELEASE

I/We, the parent(s)/guardian(s) of the registrant, a minor, agree that I/we and the registrant will abide by the rules of Little Titans Basketball Program, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with basketball, and in consideration of Little Titans Basketball Program accepting the registrant for its basketball program, I/we hereby release, discharge and/or otherwise indemnify Little Titans Basketball Program, its officials, sponsors and associated personnel, including the owners of gymnasiums and facilities utilized for the program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Little Titans Basketball Program. Further, I/we hereby authorize emergency medical care for the above named player. I/we understand that this activity is neither sponsored by nor the responsibility of Shaler Area School District.

Signature of Parent/Guardian _____ **Date** _____