

# **HOOPSTARS**

*Basketball Skills Clinic for Kindergarten-2nd grade students*

*All classes will be held at the Activity Center located in Los Nietos Park at 11155 Charlesworth Rd.*

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**Clinic Dates:** February 11, 2022 – April 8, 2022

**Class Day & Times:** Fridays from 4:00 p.m.-5:00 p.m.

*Exact activity schedule will be distributed at the first clinic.*

**Program Fee:** \$34 for SFS Residents; \$45 for Non-Residents

**Registration:** Register online at [www.santafesprings.org/sports](http://www.santafesprings.org/sports) or in person at Town Center Hall now- February 4, 2022 for SFS Residents; January 10 - February 4, 2022 for Non-Residents

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**For more information, visit [www.santafesprings.org/sports](http://www.santafesprings.org/sports)  
or call the Activity Center at (562) 948-1986**

**City Council**

John M. Mora  
Mayor

Annette Rodriguez  
Mayor Pro Tem

Jay Sarno  
Councilmember

Juanita Trujillo  
Councilmember

Joe Angel Zamora  
Councilmember

City of Santa Fe Springs  
Parks and Recreation Services Division

## Mail-in Registration Form

PARENT'S NAME (PARTICIPANT'S NAME IF OVER 18) \_\_\_\_\_  
LAST FIRST

ADDRESS \_\_\_\_\_  
NUMBER & STREET CITY ZIP

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE/FEMALE \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

NAME OF PARTICIPANT	BIRTH DATE	CLASS TITLE	CLASS NUMBER	UNIFORM SIZE	FEE
<b>TOTAL:</b>					

MARK APPROPRIATE BOX:

- RESIDENT     
  BUSINESS RESIDENT     
  SCHOOL RESIDENT  
 SENIOR     
  NON-RESIDENT     
  SCHOOL ATTENDING \_\_\_\_\_

**LIABILITY RELEASE:** I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activities and further agree to indemnify and hold harmless the City of Santa Fe Springs, its agents and employees from all harm, accidents, personal injury or property damage which may be suffered by the aforementioned individual(s), arising out of, or in any way connected with participation in this activity.

**PHOTOGRAPHY RELEASE:** I hereby grant the City of Santa Fe Springs and its representatives permission to use and/or publish photographic pictures in which I, or the individual(s) named herein, may be included for promotion or other City purposes. I hereby release, discharge, and agree to hold harmless the City of Santa Fe Springs and its representatives from any liability, including but not limited to, claims for libel or invasion of privacy.

SIGNATURE \_\_\_\_\_

PARENT     
  GUARDIAN     
  PARTICIPANT (OVER 18 YEARS)  
 PAYMENT BY     
  CHECK # \_\_\_\_\_     
  MONEY ORDER     
  AMEX  
 MASTERCARD     
  VISA     
  CASH

CREDIT CARD #     -     -     -     EXP. DATE \_\_\_\_\_

VERIFICATION CODE:    SIGNATURE: \_\_\_\_\_

CARD HOLDER'S NAME (PLEASE PRINT): \_\_\_\_\_

STAFF INITIAL \_\_\_\_\_

**TRANSFER/REFUND POLICY:** A \$10 processing fee will be charged per person, per class for any classes canceled or transferred by the registrant. If a class is full or canceled, you will receive a refund for the activity approximately two weeks after the close of registration.

**MAIL-IN REGISTRATION\*:** Mail your completed registration to: SFS Parks & Recreation Services Division, 11740 E. Telegraph Road, Santa Fe Springs, CA 90670-3658.

\*Mail-in registration is for residents only.

**(TO ACTIVATE AN ONLINE ACCOUNT, VISIT TOWN CENTER HALL)**