

FALL SESSION: Sept. 4th - Nov. 19th (No Classes Oct. 18,20,31 & Nov. 12)

Registration Deadline: Aug. 27 (add \$10 late fee after deadline)

Grades K - 1

	Day	Time	Cost
Option A	MONDAY & WEDNESDAY	MON: 3:30 - 4:30 pm WED: 3:30 - 4:30 pm	\$180
Option B	MONDAY	MON: 3:30 - 4:30 pm	\$90
Option C	WED or SAT	WED: 3:30 - 4:30 pm SAT 8:00 - 9:00 am	\$99/\$90
Choose one (participants must attend the same day each week)			

Grades 2 - 3

	Day	Time	Cost
Option A	MONDAY & WEDNESDAY	MON: 4:30 - 5:30 pm WED: 4:30 - 5:30 pm	\$180
Option B	MONDAY	MON: 4:30 - 5:30 pm	\$90
Option C	WED or SAT	WED: 4:30 - 5:30 pm SAT 9:00 - 10:00 am	\$99/\$90
Choose one (participants must attend the same day each week)			

Grades 4 - 5

	Day	Time	Cost
Option A	TUESDAY & THURSDAY	TUES: 3:30 - 4:30 pm THURS: 3:30 - 4:30 pm	\$180
Option B	TUESDAY	TUES: 3:30 - 4:30 pm	\$90
Option C	THURS or SAT	THURS: 3:30 - 4:30 pm SAT: 10:00 - 11:00 am	\$90
Choose one (participants must attend the same day each week)			

Grades 6 - 8

	Day	Time	Cost
Option A	TUESDAY & THURSDAY	TUES: 4:30 - 5:30 pm THURS: 4:30 - 5:30 pm	\$180
Option B	TUESDAY	TUES: 4:30 - 5:30 pm	\$90
Option C	THURS or SAT	THURS: 4:30 - 5:30 pm SAT: 10:00 - 11:00 am	\$90
Choose one (participants must attend the same day each week)			

CHOICE BASKETBALL ACADEMY REGISTRATION FORM - FALL 2018 SESSION SEPTEMBER 4th - NOVEMBER 19th

Name: _____ Date of Birth: ____/____/____ Gender: M F
 Parent Name(s): _____ Email: _____
 Address: _____ City/State/Zip: _____
 Parent Phone: _____ - _____ - _____ Alternate Phone # (work, mobile, etc.) _____ - _____ - _____

I hereby acknowledge the health of my child, listed above, to be ready for vigorous activity and authorize the directors to secure any emergency treatment deemed necessary, and that I hereby release the Grand Forks Park District, Choice Health & Fitness and all employees, executors, and heirs from all claims for injuries, which may be sustained by my child while attending this program. I also understand that any medical bills incurred by my child due to injuries will be my responsibility or the responsibility of my family health insurance plan.

Parent or Guardian Signature: _____ Date: _____

Please select the appropriate grade level, along with the program day(s) you prefer.

Numbers are limited to the first 24 students in each grade grouping.

GRADES K - 1

____ MON & WED (3:30-4:30pm) - \$180
 ____ ONE DAY PER WEEK - (circle day below)
 MON (3:30pm) - \$90 WED (3:30pm) - \$99
 SAT (8:00am) - \$90

GRADES 2 - 3

____ MON & WED (4:30-5:30pm) - \$180
 ____ ONE DAY PER WEEK - (circle day below)
 MON (4:30pm) - \$90 WED (4:30pm) - \$99
 SAT (9:00am) - \$90

GRADES 4 - 5

____ TUES & THURS (3:30-4:30pm) - \$180
 ____ ONE DAY PER WEEK - (circle day below)
 TUES (3:30pm) - \$90 THURS (3:30 pm) - \$90
 SAT(10:00am) - \$90

GRADES 6 - 8

____ TUES & THURS (4:30-5:30pm) - \$180
 ____ ONE DAY PER WEEK - (circle day below)
 TUES (4:30pm) - \$90 THURS (4:30 pm) - \$90
 SAT(10:00am) - \$90

CHOICE BASKETBALL ACADEMY

Choice Basketball Academy is designed to develop the fundamentals of basketball by utilizing skill development sessions with our basketball instructors. Programs are currently available for all skill levels and will give each participant opportunities to improve their basketball and motor skills while enjoying competitive drills and game-like situations.

Grades K - 1 | Grades 2 - 3 | Grades 4 - 5 | Grades 6 - 8

