

FALL 2019 SESSION: SEPTEMBER 3rd - NOVEMBER 16th (No Classes Oct 17,19,31 & Nov 11) Registration Deadline: Aug 26 (\$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	\$81
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	\$81
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	\$99
Option C	THURS or SAT	THURS: 3:30 - 4:30 pm SAT: 10:00 - 11:00 am	\$81/\$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	\$99
Option C	THURS or SAT	THURS: 4:30 - 5:30 pm SAT: 10:00 - 11:00 am	\$81/\$90
Choose one (participants must attend the same day each week)			

CHOICE BASKETBALL ACADEMY REGISTRATION FORM - FALL 2019 SESSION SEPTEMBER 3rd - NOVEMBER 16th

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 of Guardian Signature: _____ Date: _____

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

GRADES K - 1 <input type="checkbox"/> MON & WED (3:30-4:30pm) - \$180 <input type="checkbox"/> ONE DAY PER WEEK - \$99/90 (circle day below) MON (3:30pm) - \$81 WED (3:30pm) - \$99 SAT (8:00am) - \$90	GRADES 4 - 5 <input type="checkbox"/> TUES & THURS (3:30-4:30pm) - \$180 <input type="checkbox"/> ONE DAY PER WEEK - \$90 (circle day below) TUES (3:30pm) - \$99 THURS (3:30 pm) - \$81 SAT(10:00am) - \$90
GRADES 2 - 3 <input type="checkbox"/> MON & WED (4:30-5:30pm) - \$180 <input type="checkbox"/> ONE DAY PER WEEK - \$99/90 (circle day below) MON (4:30pm) - \$81 WED (4:30pm) - \$99 SAT (9:00am) - \$90	GRADES 6 - 8 <input type="checkbox"/> TUES & THURS (4:30-5:30pm) - \$180 <input type="checkbox"/> ONE DAY PER WEEK - \$90 (circle day below) TUES (4:30pm) - \$99 THURS (4:30 pm) - \$81 SAT(10:00am) - \$90

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

CHOICE BASKETBALL ACADEMY

Choice Basketball Academy is designed to develop the fundamentals of basketball, 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

