



HOME SCHOOLERS PE CLASS

The Recreation Department will be offering a new class specific to the homeschool population for children ages 5 to 14*(*still be in 8th grade). Students will be participating in a wide variety of physical activities such as basketball, kickball, whiffle ball, volleyball, soccer, etc. The goal is to encourage every student to give their best effort, have fun and exercise with others. Simple technique and rules will be taught in order to help each student understand and learn how to play each game. California State Board physical fitness standards will be incorporated into each class. Good sportsmanship is stressed, as all students are encourage to be kind even when playing competitively. Classes can be divided into age appropriate skill levels.

WHEN: September 13 - December 20, 2017

DAYS: Wednesday

TIME: 9:30 A.M. TO 10:30 A.M.

WHERE: Barrington Park
1137 Barrington Ave

WHAT: A different sport will be taught every 3-4 weeks. Participants will be introduce to each sport. Learn basic rules and gain understanding or how sport is played.

FEE: *Hart Ransom students can use their stars (cost: 1 star)*

Vender for Hickman Community Charter and Keyes to Learning (inquire about rates)

\$50.00 per participant for entire session if paying out of pocket

(*Minimum six participants need to run class)

MORE INFO: Call the Recreation Department at 862 – 4440

PRE-REGISTRATION: Participants must register at the Youth Center prior to start of class.



Newman Youth Center
831 Hardin Road
2:30 P.M. to 6:00 P.M.





City of Newman Recreation Department

“PE CLASS”
REGISTRATION CONTRACT

FOR OFFICE USE ONLY
DATE ACCEPTED:
INITIALS:

Please Print

Child’s Name: Check One: Male Female

Birth Date: Grade: School:

Home Address: City: Zip:

Home Phone Number: Cell Phone Number:

Parent or Legal Guardian’s Name:

May we contact you at work? Yes No Work Phone Number:

List any medical/physical condition that your child has that we need to be aware of:

During your child’s participation in this activity, will he/she need use of an inhaler or other medically necessary medications? Yes No (If yes, you must fill out a Parental Consent form for Self Administration of Medicine when you register.)

Emergency Contact Name (Other than self): Relation:

Home Phone Number: Cell Number:

Please list family members/friends who have permission to pick up your child:

Name: Relationship: Phone Number:

Name: Relationship: Phone Number:

Name: Relationship: Phone Number:

CONSENT OF WAIVER FOR PARTICIPANT: Permission to participate in the above program sponsored by the City of Newman is given for me and/or my minor child. I understand that the City of Newman carries no medical insurance for any of its programs or activities. I hereby agree to indemnify and hold harmless and release the City of Newman, its agents and employees, from any risk and all liability for any injury suffered by myself or my minor child rising from or connected with this program and I will assume all risk for any injuries. I understand that a physician’s clearance is recommended prior to participation. I hereby authorize Newman Recreation Department or its volunteers to seek medical treatment if my child becomes injured or ill.

I also understand that I must have my child arrive on time and pick them up on time. Remember this is your responsibility not the staff’s responsibility.

I also understand the following refund policy: Full refund with the exception of a \$10.00 administrative fee charge, until the first day program starts. NO REFUNDS WILL BE ISSUED ONCE PROGRAM STARTS. I understand that there is a \$20 service charge on all returned checks. This fee as well as all original charges must be paid in cash at Newman Youth Center before my child will be allowed to participate

I have read and understand the summer program rules and consequences. I understand myself/my child must act in a responsible manner at all times. I understand that this is expected and that the Recreation Department staff has the authority to remove anyone violating this stipulation without discussion.

I certify that I have read this contract, understand its provisions, and that the information is accurate.

Parent or Guardian’s Signature

Date

Email Address:

(Only if you would like to receive information via email about upcoming events or programs.)