



204 E. Muskegon Cedar Springs, MI 49319  
616-696-7320 www.csaparksandrec.com



**THE BOYS BASKETBALL PROGRAM AND CSAPR  
ARE WORKING TOGETHER TO OFFER  
3<sup>rd</sup> GRADE BOYS ROCKET BASKETBALL**

**WHEN: Saturdays - 9:00-10:30AM  
EXCEPT ON DEC. 5<sup>TH</sup> (8:00-9:30AM)**

**\*Registration from 8:00-8:30**

**\*Mandatory parent meeting at 8:30**

**\*Practice 8:30-9:30**

**WHERE: CEDAR VIEW ELEMENTARY GYM**

**\*\*Schedule is subject to change. Full schedule can be found on the bank and the CSAPR website.**

**COST: \$55 made payable to "CSAPR"**

***REGISTRATIONS CAN BE MADE AT THE FIRST PRACTICE  
PRE-REGISTRATION CAN BE MADE AT CSAPS DISTRICT OFFICE, AT CSMS ON  
MONDAY, TUESDAY AND THURSDAY EVENINGS, OR THROUGH THE MAIL***

Parents are always encouraged to help in the program.

You will need to undergo a background check before being able to work with a team of players. You will need to contact the Cedar Springs Area Parks and Recreation Department at CSAPS district office, through email at [director@csaparksandrec.com](mailto:director@csaparksandrec.com) or by calling 696-7320.

Any other questions regarding specifics with the program can be directed to Scott Taylor at 696-1615 or 696-1200 ext. 6170. or email at [Scott.Taylor@csredhawks.org](mailto:Scott.Taylor@csredhawks.org).

-----  
Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Elementary Teacher of Participant : \_\_\_\_\_ Adult Shirt Size: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_  
Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

Name of township/city of residence: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

How do you hear about CSAPR Programs? \_\_\_\_\_

*I am aware of the possibility of injuries that exist with the participation in all recreational programs. I understand the Cedar Springs Area Parks & Recreation Dept., Cedar Springs Public Schools, and the instructors are NOT responsible for injuries that may occur during camps, clinics, and programs or for personal items brought to the programs.*

Parent's signature : \_\_\_\_\_ Date: \_\_\_\_\_