**Where:** **St. Paul Jenkins Gymnasium, 1588 Greenlawn Ave., Akron 44301**

**When:** **January 3rd thru March 7th**

**Time:** **6:00 P.M.- 7:15 P.M.**

**What:** **3 on 3 basketball league**

**Cost:** **$100**

## No previous skill required!!




## Attention Parents with Younger Children…

1.Smaller hoops will be available for younger kids.
2.There will be a Youth Division that will be 2 vs 2 competition
3.Your child will **NOT** have to compete against older athletes.

*If you have any questions or need financial assistance, please contact Dan Lancianese @330-352-5602 or by email @ dlancian22@gmail.com*




**FLYER AND REGISTRATION**

# STARS BASKETBALL

**WHEN: SUNDAYS: JANUARY 3rd – MARCH 7th**

**TIMES: 6:00 PM – 7:15 PM**

**WHERE:** St. Paul Jenkins Gymnasium, 1588 Greenlawn Ave., Akron 44301

**COSTS: $100 PER SESSION**
**FINANCIAL ASSISTANCE IS AVAILABLE TO ANYONE IN NEED. JUST CONTACT DAN LANCIANESE @ (330)352-5602**

**Payment options:**

**Mail a check to STARS 3108 Sparrows Crest, Akron Oh 44319**
**Or**

**Venmo @atcstars**

**Are you a member of the Coleman Foundation: YES NO**

**For more information, please contact Dan Lancianese 330-352-5602 or at dlancian22@gmail.com**

**NAME:**_____
**ADDRESS:** _____**CITY:**_____ **ZIP:**_____
**EMAIL ADDRESS:** _____
**PHONE #:**_____
**EMERGENCY CONTACT NAME:** _____**BEST PHONE #:**_____

**WAIVER OF LIABILITY & PHOTO RELEASE**

The undersigned participant (Parent/Guardian) understands that this release forever discharges and holds harmless, Stars and the affiliated coaches/volunteers from any liability or claim that participant may have against Stars with respect to bodily injury, personal injury, illness, death, property loss or damage that may result from participant's activities, whether caused by the negligence of Stars, directors, employees, agents, volunteers or otherwise. Participant (Parent/Guardian) also understands that there are inherent physical risks associated with activities and programs and that, Stars does not carry or maintain health, medical, or disability insurance coverage for any participant. Each participant is expected and encouraged to obtain his or her own medical or health insurance coverage. I also authorize Stars (including its directors, boards, agents, employees, and volunteers) to use my image and/or voice in any media form (including, but not limited to, cable television, videos, internet communications, and publicans). I release Stars from any and all claims and liability regarding the making or use of an audio and/or visual recording of my image and/or voice (including claims related to rights of publicity or privacy, defamation, or portrayal in a false light, whether intentional or unintentional).

**ATHLETE SIGNATURE:**_____ **DATE**_____

**PARENT/GUARDIAN SIGNATURE** ***(if athlete under 18)*****:**_____ **DATE**_____