

**PRIVATE BASKETBALL LESSONS
GENERAL INFO & POLICIES**

To Arrange Private Lessons:

Private basketball lessons can be arranged through Parks & Recreation or through an instructor. Regardless of the way your lessons are scheduled, please complete this form and bring it to Falling Springs Center to make payment. Lessons are not approved until payment is made.

- Days and times are arranged based on court and instructor availability.
- Lessons are one hour.
- Cancelled lessons will be made up at a mutually convenient time.
- If you must cancel a lesson, you must notify your instructor at least 2 hours before your scheduled time. If you do not notify the instructor, your lesson will not be rescheduled & refunds will not be granted.

To cancel or reschedule a basketball lesson, please call your instructor first. If you cannot reach your instructor, please contact Rainey Johns at 859.873.5948 or rjohns@vwcparksrec.com

INDIVIDUAL RATES:

- 1 session, 1 person: \$30
 5 sessions, 1 person: \$140
 10 sessions, 1 person: \$250

BUDDY RATES:

- 1 Session, 2 people: \$45
 5 Sessions, 2 people: \$215
 10 Sessions, 2 people: \$410

GROUP RATES (TEAMS): Call for Pricing

CONTACT INFORMATION

Main Contact Name (Parent, Guardian, Coach, etc):		
Street Address:		
City:	State:	ZIP Code:
Home Phone: ()	Cell Phone: ()	
Email:		
Name of Each Student	Age	Birthdate

GENERAL INFORMATION

Preferred Trainer: (Please Circle)	Larry Blackford	Anthony Page	Nick Mullins
Preferred Training Day: (Circle all that apply)	Monday Tuesday Wednesday Thursday Friday Saturday Sunday		Preferred Training Time: (Circle all that apply) Morning Afternoon Evening
How many times per week or month do you prefer to train?			
Are there any restrictions, injuries or medical concerns your instructor needs to be aware of? If so, please explain here:			
What is your main goal or objective?			

WAIVER OF LIABILITY AND TERMS OF PARTICIPATION:

- I understand that sports programs are dangerous and that I or my child could be killed or seriously injured while participating. Recognizing the inherent risks associated with participating in the above noted program and still desiring myself or my child to participate, I hereby agree to indemnify and hold harmless the Versailles-Woodford County Parks & Recreation Department, Woodford County Fiscal Court, the City of Versailles and the members, employees, and all individuals responsible for the conduct of activity involving myself or my child(ren) for claims including but not limited to claims of personal injury, hospitalization, etc. I also understand that the Parks and Recreation Department strongly recommends that each participant have medical approval before participating in any sports program. I also agree to inform the Department of any medical condition that may require special attention or treatment.
- I understand the VWCPRD does not provide medical insurance for this program.
- I understand that registration fees must accompany this application in order for it to be processed.
- I give permission for the VWCPRD and/or local media to photograph or video tape my child or me during participation in this program and to utilize them in advertising and/or promotion both in print and on the Department's website.
- In the event of an emergency, I give my permission for a representative of the Recreation Department and/or ambulance service to provide treatment as is normal and prudent and to transport my child or myself to the nearest medical facility to render treatment.

I the undersigned understand and agree to the above listed conditions.

Authorized Adult's Signature _____ Date _____