

Sponsored by New Hope Parks and Recreation

# RevSports Basketball

Participants will practice the fundamentals of basketball while focusing on topics that build on previous topics including dribbling, shooting, defending, passing and more. Age-appropriate hoops and balls may be used. Classes are open to all ability levels and are run by RevSports staff.

## Tuesdays, January 9-30

310404-A KinderStars Ages 4-6 6:15-6:55 p.m.  
310402-A MightyStars Ages 6-9 7-7:40 p.m.

## Tuesdays, February 6-27

310404-B KinderStars Ages 4-6 6:15-6:55 p.m.  
310402-B MightyStars Ages 6-9 7-7:40 p.m.

## Tuesdays, March 5-April 2 (no class 3/26)

310404-C KinderStars Ages 4-6 6:15-6:55 p.m.  
310402-C MightyStars Ages 6-9 7-7:40 p.m.

New Hope Community Gyms, 8230 47th Ave N  
(north end of Cooper High School)

\$65 Residents of New Hope, Crystal and Robbinsdale  
\$72 Nonresidents



**Register with:** New Hope Parks and Recreation  
4401 Xylon Ave N  
New Hope, MN 55428

**Phone:** 763-531-5151

**Online:** [webtrac.nhrecexpress.com](http://webtrac.nhrecexpress.com)



[facebook.com/newhoperecreation](https://facebook.com/newhoperecreation)

Refunds, program credits or transfers are allowed up to one week prior to the start of the program. In the event of illness or injury, refunds may be given after the deadline with a doctor's written verification. All refunds are subject to a \$5 service fee. Exceptions for ages cannot be made. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer. Phone registrations accepted with a major credit card. Questions? Call 763-531-5151.

Revolutionary Sports Basketball - Winter 2024

Participant Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex (M or F) \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Does participant have a special need? \_\_\_\_\_ Email \_\_\_\_\_

Activity \_\_\_\_\_ Course \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

*I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, and other personnel involved in this program the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under the state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

AmEx/Discover/MC/Visa # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_