

# RevSports Basketball

These programs are designed to help young players develop their dribbling, passing, and basketball shooting skills. Age-appropriate hoops and balls may be used. Classes are open to all ability levels and run by RevSports staff.



## Tuesdays, October 11–November 1

- 230400-A PreStars, Ages 3-5 with Parent  
6-6:45 p.m.
- 210404-A KinderStars, Ages 4-6  
6:45-7:30 p.m.
- 210401-A MiniStars, Ages 5-7  
6:30-7:15 p.m.
- 210402-A MightyStars, Ages 6-9  
7:15-8 p.m.

## Tuesdays, November 8–29

- 230400-B PreStars, Ages 3-5 with Parent  
6-6:45 p.m.
- 210404-B KinderStars, Ages 4-6  
6:45-7:30 p.m.
- 210401-B MiniStars, Ages 5-7  
6:30-7:15 p.m.
- 210402-B MightyStars, Ages 6-9  
7:15-8 p.m.

**Location:** New Hope Community Gyms, 8230 47th Ave N (north end of Cooper High)  
\$59 Residents of New Hope and Crystal  
\$66 Nonresidents

**Register with:** New Hope Parks and Recreation  
4401 Xylon Ave N  
New Hope, MN 55428  
763-531-5151

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. A doctor's written verification is required. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Phone registrations accepted with a major credit card.

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



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

## RevSports Basketball – Fall 2022

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

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

Birthdate \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Email Address \_\_\_\_\_ Special Need \_\_\_\_\_

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 state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby 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 event to be used by the city in promotional materials.*

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

Am Ex/Discover/MC/Visa # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_