

Teutons Basketball Clinic

3rd and 4th grade, 5th and 6th grade

Dates and Times: (DATE CHANGES)

Saturday, October 22nd

- 3rd and 4th grade @ 10am
- 5th and 6th grade @ 11am

Thursday, October 27th

- 3rd and 4th grade @ 5:30pm
- 5th and 6th grade @ 6:30pm

Tuesday, November 1st

- 3rd and 4th grade @ 5:30pm
- 5th and 6th grade @ 6:30pm

Thursday, November 10th

- 3rd and 4th grade @ 5:30pm
- 5th and 6th grade @ 6:30pm

The clinic will focus on the fundamentals of basketball

- ★ Dribbling
- ★ Passing
- ★ Shooting
- ★ Defense
- ★ Rebounding

Location:

Inman Elementary School

Cost:

\$25 Wellness Center Members

\$30 Non-members

Scholarships available upon request.

Please Register by October 17th by completing the information below and returning it with payment to the Inman Wellness Center or forms may be dropped off at the Elementary School Office.



Participants Name: _____ Grade: 3rd 4th 5th 6th

(Please Circle)

Address: _____ City: _____ Zip: _____

Preferred Contact Phone #: _____ E-Mail: _____

Shirt Size: Youth Small Youth Medium Youth Large Adult Sm Adult Med Adult Lg Other _____
(please circle size option)

Boy or Girl (please circle)

Health Concerns or allergies that we should be aware of _____

Parents: Would you be willing to be a helper with the clinic? YES or NO

If yes, Parent helper name _____

CONSENT: I hereby give my full permission to my son/daughter to play in the Inman Recreation Commission clinic. I agree to assume full responsibility in case of an accident or injury while he/she is playing, traveling to or from the scheduled area, or representing his/her team in any manner, and do further hereby release and hold forever harmless the Inman Recreation Commission, its agents and employees from any liability for any personal injuries, including death or property damage which may be incurred by my child while playing, traveling to or from the scheduled area, or representing the team in any manner, including but not limited to any claim alleging that the injury or damage was caused by defective equipment owned or furnished by the Inman Recreation Commission by defects or obstruction on real property owned by the Inman Recreation Commission, or by negligence in the supervision of my child or others. It is the responsibility of each parent/guardian to check their child's insurance for athletic injuries.

Parent Signature _____ Date _____

Payment Options:

Cash in the amount of \$ _____

Check in the amount of \$ _____ Check # _____

Credit Card payment in the amount of \$ _____ Card # _____