



# Tiny Teutons Basketball Clinic

## Kindergarten and 1<sup>st</sup> & 2<sup>nd</sup> grade

The clinic will focus on the fundamentals of basketball

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

### Dates and Times: (DATE CHANGE)

Saturday, October 22<sup>nd</sup>

Kinder @ 8am

1<sup>st</sup> and 2<sup>nd</sup> @ 9am

Thursday, October 27<sup>th</sup>

Kinder @ 3:30pm

1<sup>st</sup> and 2<sup>nd</sup> @ 4:30pm

Tuesday, November 1<sup>st</sup>

Kinder @ 3:30pm

1<sup>st</sup> and 2<sup>nd</sup> @ 4:30pm

Thursday, November 10<sup>th</sup>

Kinder @ 3:30pm

1<sup>st</sup> and 2<sup>nd</sup> @ 4:30pm

**Location:**  
**Inman Elementary School**

**Cost:**  
**\$25 Wellness Center Members**  
**\$30 Non-members**  
**Scholarships available upon request**

✂ Cut here-----

**Please Register by October 6<sup>th</sup> 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: Kinder 1<sup>st</sup> 2<sup>nd</sup>  
(Please Circle)

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

Preferred Contact Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Shirt Size: Youth Small Youth Medium Youth Large Other: \_\_\_\_\_  
(please circle size option)

Boy or Girl (please circle)

Allergies or Health Concerns that we should be aware of \_\_\_\_\_

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

If yes, parent 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 # \_\_\_\_\_

