

BOYS BASKETBALL CLINIC AT PLAINFIELD CENTRAL HS

What: Middle School "Try-out Tune up" and 3rd-5th graders who are interested in basketball
Who: 3rd through 8th grade boys
When: September 30th, October 1st, 2nd, and 3rd (Monday-Thursday) 6:30-8:00 p.m.
Where: Plainfield Central High School Field House (10/3 we will be in freshman center gym)
Cost: \$50 (includes a t-shirt)- pay check (made out to PHS Boys Basketball) or cash

Clinic information: With middle school try-outs right around the corner this is a great opportunity to work on your game and prepare for the middle school season. Instructors for the clinic will be Plainfield Central basketball coaches. Sessions will include teaching the basic fundamentals of ball handling, passing, shooting, and defense. The sessions will be used to work on basic skill development and enjoy the great game of basketball. Don't miss out on this great opportunity to improve your game and have fun! Please return the below information to gbayer@psd202.org or the address listed below. *In order to guarantee receiving a t-shirt, please return this form by Wednesday, September 11th.*

(Please return this bottom of form via e-mail or mail to)

Participant Name: _____

gbayer@psd202.org

School Attending: _____

OR

Grade: _____

Plainfield Central High School

t-shirt size (circle one)

Attention: Gregg Bayer

YM YL AS AM AL AXL

24120 W. Fort Beggs Dr.

E-Mail Address: _____

Plainfield, IL. 60544

Emergency Contact #: _____

SIGN AND DATE BELOW AFTER READING THE WAIVER

I hereby register my child for the Plainfield Central Basketball Youth Clinic. I understand the participant is required to have their own accident coverage to participate in the clinic and realize there is a risk of being injured that is inherent in all sports and activities. I certify that I understand the need for insurance coverage, the inherent risks in participation and give my consent in advance for medical treatment. The undersigned agrees to hold harmless and indemnify Plainfield School District 202, their officers, agents, and employees from any and all liability, loss, damages, costs or expenses which are sustained, incurred or required arising out of the actions of my dependent in the course of the clinic.

Parent/Guardian Signature: _____

Date: _____