

## **BOYS BASKETBALL CLINIC AT PLAINFIELD CENTRAL HS**

**What:** Middle School "Try-out Tune up" and 3<sup>rd</sup>-5<sup>th</sup> graders who are interested in basketball

**Who:** 3<sup>rd</sup> through 8<sup>th</sup> graders

**When:** October 4<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> (M, W, TH, F)- 6:00-7:30 p.m.

**Where:** Plainfield Central High School Field House

**Cost:** \$40 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! We will be following any IDPH guidelines with mask guidelines. Please return the below information to [gbayer@psd202.org](mailto:gbayer@psd202.org) or the address listed below. **Please register by Wednesday, September 29<sup>th</sup>.**

-----

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

**Participant Name:** \_\_\_\_\_

[gbayer@psd202.org](mailto:gbayer@psd202.org)

**School Attending:** \_\_\_\_\_

**OR**

**Grade:** \_\_\_\_\_

**Plainfield Central High School**

**E-Mail Address:** \_\_\_\_\_

**Attention: Gregg Bayer**

**Emergency Contact #:** \_\_\_\_\_

**24120 W. Fort Beggs Dr.**

**Plainfield, IL. 60544**

<b>SIGN AND DATE BELOW AFTER READING THE WAIVER</b>	
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.	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

