BOYS' YOUTH BASKETBALL SKILLS CLINIC – GRADES K – 1

Under the direction of Mona Shores Boys Basketball Coaching Staff

Parent Meeting: Sunday, November 1st - All parents attend
7:00 pm - High School Sailor Center - Sailor Center entrance on west side of building. Students do not need to attend.

Clinic Dates: Saturdays – 11/7, 11/14, 12/5, 12/12, 12/19, 1/9, 1/16, 1/30
Time: 11:30-12:30
Place: High School Aux Gym - 1121 Seminole Road
Fee: $60.00 (includes t-shirt and basketball if registered by deadline, 10/23)
An additional $10 late fee will be charged for registrations received after 4:00 pm on Friday, October 23rd . No registrations accepted after 10/30.

Players will learn the basic fundamentals such as dribbling, passing, shooting, rebounding and rules of the game. Our younger athletes will benefit from lower hoops and youth size basketballs. Each player will receive a t-shirt and a youth size basketball.

Complete this registration form and return to Mona Shores Community Services by October 23rd.
Forms may be mailed, delivered or emailed to smithc@monashores.net (scan or picture of completed form).

If you cannot attend a clinic as planned, a refund less $10 cancellation fee and price of t-shirt/basketball will be issued. No refunds issued after first session is held.

Boys' Youth Basketball Skills Clinic Registration 2020 - $60.00
Mona Shores Community Services
121 Randall Road, Norton Shores, MI 49441
Phone: 231-332-8254

Please Sign Waiver Below!

On condition of this registration form being accepted, I hereby state that my child is in a state of good health and I assume all risks associated with participating in this activity. Having read this waiver, I, for myself, my child and anyone entitled to act on behalf, waive and release Mona Shores Community Services and Mona Shores Schools and any other agents from all claims of liabilities of any kind arising out of my child's participation in this activity.

_____
Signature of Parent

NAME: _____
GRADE: _____ BUILDING: _____
PARENT NAMES: _____
PHONE: _____ PHONE: _____
EMAIL ADDRESS: _____
ANY HEALTH PROBLEMS? _____

Shirt Size: (please check) Youth: S ☐ M ☐ L ☐

Credit Card ☐ **Cash** ☐ **Check** ☐ **Check #**_____**Payable to MSCS**

For Credit Card Use Only:
I authorize Mona Shores Community Services to charge my credit card.
All information provided remains confidential.

Signature _____ **Date:**_____

Amount: _____ **3 digit code:** _____ **Zip code:**_____

Please charge my: ☐ **Visa** ☐ **MC** **Exp. Date** _____

Card # ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐