

## 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> grade boys
- When:** September 30<sup>th</sup>, October 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> (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](mailto:gbayer@psd202.org) or the address listed below. ***In order to guarantee receiving a t-shirt, please return this form by Wednesday, September 11<sup>th</sup>.***

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**(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

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

