JUNE 18-22

LITTLE STARS BASKETBALL CLINIC

Kindergarten – 2nd Grade
Girls and boys
MORNING SESSION
8:00-11:00AM

This co-ed clinic is a fun introduction into basketball for our little learners. We will begin to discuss and work on the very basic fundamentals of basketball.

JUNE 18-22

JUNIOR STARS BASKETBALL CLINIC

3rd – 5th Grade
Girls and Boys
AFTERNOON SESSION
11:30-2:30 PM

Fundamentals will be improved and stressed throughout this clinic. Emphasis on shooting, passing, and rebounding. This co-ed camp will stress and improve upon the fundamental basics of basketball.

SHOOTING STARS BASKETBALL CLINIC

JULY 9-13

STARS BASKETBALL CLINIC

6th-8th grade
Girls and Boys
MORNING SESSION
8:00-11:00 AM

Fundamentals will be stressed throughout this clinic. Individual performance sheets will be kept to track players' skill set. We will fine tune shooting, passing, and rebounding, and individual team offense and defense will be worked on.

Please fill out and return to Saint Joseph Catholic School in a sealed enveloped marked: Attention: Amanda Oweis, Stars Basketball Clinic

CAMP COST $100.00

Please make all checks payable to Amanda Oweis

If you are enrolling more than one child, please fill out additional forms; checks can be made into one payment.

Parents' Names:

Mother: _____
Phone: _____
Father: _____
Phone: _____

Person to contact in case of emergency:

Name: _____
Phone: _____

List any special medical problems we should be aware of:

_____
_____
_____

Player Name: _____

Age and Upcoming Grade: _____

Address: _____

Phone: _____

School Attending: _____

Email: _____

☐ Little Stars Basketball Clinic ☐ Junior Stars Basketball Clinic

☐ Stars 6th-8th Stars Basketball Clinic

Adult Shirt Size (Circle One)
S M L XL

Youth Shirt Size (Circle One)
S M L

Parental Consent:

The undersigned parent or guardian understands that the applicant will be engaging in activities that may result in physical injury. St Joseph School, its directors and employees, will be released from any and all liability from personal injury. I hereby give permission for my son/daughter to participate in the Stars Basketball Clinic and be treated by a licensed physician in the event of injury. I hereby give my permission for emergency treatment in the event that I cannot be reached. Furthermore, I agree to pay for this service.

_____
Parent signature Date