



8-Week Fall Basketball Skills Clinic

Sunday, September 12th through Sunday, October 31st

7th, 8th, 9th Grade > 3:00-5:00 p.m.

10th, 11th, 12th Grade > 1:00-3:00 p.m.

Wisconsin Elite Girls Basketball Club is offering an Eight Week Clinic focusing on fundamental skill development and physical conditioning. The Clinic will be run by Coach Bob Johnson. Coach Johnson will be assisted by Coach Jerry Schwenn, Coach Josh Busch, and Coach Chad Hodgson. The Fall Skills Clinic will run on Sundays, beginning on Sunday, September 12th and run through Sunday, October 31st at Keva Sports Center, Middleton. Each session will run for two hours, and is limited to 20 athletes per session. Fall Clinic cost is \$175.00. Includes free t-shirt!

Sessions are filling up fast, registration deadline is August 31, 2010.

Fall Skills Clinic Registration Form

Name: _____

Address: _____ City: _____ St. _____ Zip _____

D.O.B: _____ Grade Entering '10: _____ Parents Names: _____

Email: _____ Phone: _____

Payment Type: Check _____ Money Order _____ Credit Card _____
(Please make checks to **Wisconsin Elite Girls Basketball Club**)

Credit Card Info: Card # _____ Exp: _____ 3 Digit Code: _____

Card Holder Signature: _____

Emergency Contact Name: _____ Phone: _____

Please return registration form and payment to:

Wisconsin Elite Girls Basketball Club
PO BOX 243
Dodgeville, WI 53533

Waiver Statement (must be signed): I approve of my daughters attendance and participation with the Wisconsin Elite Girls Basketball Club, LLC and certify that she has had a physical examination, is in good health and is able to participate without restriction. If medical attention is required for illness or injury while attending the fall skills clinic, I give my permission for such care and hereby release Wisconsin Elite Girls Basketball Club, LLC its directors and coaches of all liability for any illness or injuries which may occur. It is also my understanding that all participants must have their own health and accidental insurance.

Image & Video Release: I give Wisconsin Elite Girls Basketball permission to use my daughter's image, photo or video, for use on the Wisconsin Elite Website or other related promotional materials. (Check One) _____ YES _____ NO

Parent/Guardian Signature: _____ Date: ____/____/____