

Snowcrest Junior High Girls Basketball Clinic

Philosophy: It is the goal of the coaching staff to create an excitement and anticipation for the Snowcrest Junior High Girls Basketball tryouts. We aim to help each participant of our clinic to have a positive experience, increase their knowledge of the game, and help them prepare for the upcoming basketball tryouts through conditioning and skill development.

Instruction: The Snowcrest Junior High Girls Basketball coaches will instruct each participant on the fundamentals of basketball and the importance of conditioning. We will instruct the participants on proper ball handling, shooting form, passing, and rebounding techniques. Participants will also learn about leadership, competitiveness, situational basketball, and the team concept. Each participant will receive a t-shirt at the end of the week.

Cost: \$25.00: You may drop off payments and registration forms to Mrs. Wesche in the front office. Forms and payments may also be **mailed** to:

Mike Olsen
Snowcrest Junior High
2755 N. Hwy 162
Eden, Utah 84310

Please make checks payable to Snowcrest Junior High

Deadline for registration: Monday, January 22nd: Any student whose registration forms are received AFTER this deadline WILL NOT be guaranteed a t-shirt. T-Shirts are pre-ordered and will be on a first-come, first-served basis regarding size.

When: *The clinic will take place on January 31st, February 1-2 from 6:05 a.m. – 7:30 a.m.*

Participant Name: _____ Phone Number: _____

Grade _____

I agree that I will not hold Snowcrest Junior High basketball clinic or its employees responsible for any loss and/or damage and/or personal injury to the participant and/or his belongings as a result of traveling to or from the clinic or participating in the clinic activities.

I understand that basketball is a full contact and physically (as well as mentally) demanding sport with the possibility of serious injury occurring. I authorize my child's full participation in the clinic and all activities unless otherwise advised in writing. I agree that having taken such precautions as in your discretion are deemed advisable, Snowcrest Junior High and/or its staff shall not be held responsible (legally or otherwise) for any sickness and/or accident and/or injury involving my child. If, for any reason my child requires medical attention beyond that furnished by the clinic, I agree to be responsible for any expenses incurred.

Signature of Parent/Guardian _____ Date: _____