

Fall 2017 K-3rd Grade BASKETBALL SKILLS CLINIC

Offered by:
City of St. Johns Recreation Department



In conjunction with
Basketball University

- WHO:** Boys & Girls; K – 3rd grades
WHAT: This is a great introduction to basketball fundamentals and athletic skills for beginners with emphasis on shooting, dribbling, and passing techniques, along with speed and coordination development. **Instruction is provided by Basketball University, a contracted company working with the recreation department.** See their website www.bballuniversity.com to get more information about them.
WHERE: TBD
WHEN: Mondays – September 25, October 2, 9, and 16, 2017
TIME: K – 1st grade: 6:15 – 7:15 pm
2nd- 3rd Grade: 7:15 – 8:15 pm
COST: \$28.00 when pre-registering for 4 weeks for **City of St. Johns Residents** and \$32 when pre-registering for 4 weeks for **non-City of St. Johns Residents**, or drop in \$10.00 per week for **City Residents** and \$12.00 for **non-City of St. Johns Residents**. Space is limited. To be considered a City Resident you must live within the City Limits and pay taxes to the City. Having a St. Johns address does not mean you are a City resident.
QUESTIONS: Contact the Recreation Department at 224-8944 ext. 228, email bblackmon@ci.saint-johns.mi.us or check the website www.cityofsaintjohnsmi.com.
DEADLINE: 4-week pre-registration deadline **September 22, 2017**
ONLINE FORM: Go to <http://cityofstjohnsmi.com/Departments/ParksandRecreation/RegisterNow.aspx>, when paying with credit card.

Full Fee Must Accompany Each Registration - One Child Per Registration Form (Please Print)

Childs Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

E-mail Address _____ * You will get updates and information faster when you include your email

Time: 6:15 – 7:15 _____ 7:15 - 8:15 _____ Grade: _____ Age: _____ Sex: M _____ F _____

Parents Names: _____ Phone: (C) _____

I recognize that my participation in sporting activities and athletic competition subjects me to certain risks of physical injury. I hereby assume this risk as my own and all responsibility for any such injuries as they relate to said participation in sports/recreational activities on City property or properties used for City recreational activities. By signing this document I agree to waive any rights or claims I may have for damages arising from injuries I may receive while participating in recreational events sponsored or supported by the City of St. Johns and/or the St. Johns Recreation Department. I hold harmless the City of St. Johns, St. Johns Public Schools, St. Johns Community Education and any of its employees or agents from all such claims, lawsuits, actions and/or damages.



PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

MAKE CHECK PAYABLE TO:
MAIL REGISTRATION TO:
City of St. Johns
P.O. Box 477
St. Johns, MI 48879
Attn: Basketball Clinic