

# Spring 2017 K-3rd Grade Basketball Skills Clinic



Offered by:  
**City of St. Johns Recreation Department**

In conjunction with  
**Basketball University**

- WHO:** Boys & Girls; K-3<sup>rd</sup> 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.org](http://www.bballuniversity.org) to get more information about them.
- WHERE:** Gateway Elementary Gym
- WHEN:** Mondays – May 1, 8, 15, 22, 2017
- TIME:** K - 1<sup>st</sup> grade: 6:15 – 7:15 pm  
2<sup>nd</sup> - 3<sup>rd</sup> 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](mailto:bblackmon@ci.saint-johns.mi.us) or check the website [www.cityofsaintjohnsmi.com](http://www.cityofsaintjohnsmi.com).
- DEADLINE:** 4–week pre-registration deadline **April 27, 2017 or until full.**

**ONLINE REGISTRATION:** <http://cityofstjohnsmi.com/Departments/ParksandRecreation/RegisterNow.aspx>

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. I grant to City of St. Johns, its representatives and employees the right to take photographs of me and my property in connection with the program listed below. I authorize City of St. Johns, its assigns and transferees to copyright, use and publish the same in print and/or electronically without names.



**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

MAKE CHECK PAYABLE TO:  
MAIL REGISTRATION TO:

City of St. Johns  
P.O. Box 477  
St. Johns, MI 48879