

BASKETBALL FUNDAMENTALS CLINIC SCHEDULE WINTER 2010

<p style="text-align: center;">MONDAY 2/22/2010-3/29/2010</p> <p>4:15-5:15 Kindergarten/1st Grade Hoops 100 4:15-5:15 2nd/3rd Grade Hoops 200 4:15-5:15 4th/5th Grade Hoops 400</p> <p style="text-align: center;">TUESDAY 2/23/2010-3/30/2010</p> <p>4:15-5:15 2nd/3rd Grade Hoops 200 4:15-5:15 4th/5th Grade Hoops 400</p> <p style="text-align: center;">WEDNESDAY 2/24/2010-3/31/2010</p> <p>4:15-5:15 4th/5th Grade Hoops 400 4:15-5:15 6th-8th Grade Hoops 600</p>	<p style="text-align: center;">THURSDAY 2/25/2010-4/1/2010</p> <p>4:15-5:15 2nd/3rd Grade Hoops 200 4:15-5:15 4th/5th Grade Hoops 400</p> <p style="text-align: center;">FRIDAY 2/26/2010-4/2/2010</p> <p>4:15-5:15 Kindergarten/1st Grade Hoops 100 4:15-5:15 2nd/3rd Grade Hoops 200</p> <div style="border: 1px dashed black; padding: 20px; text-align: center; margin-top: 20px;"> <p>6 WEEKS</p> <p>\$125</p> </div>
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Make checks payable to: **SPORTS UNIVERSITY**

REGISTRATION FORM

(check day attending) **Mon** **Tue** **Wed** **Thurs** **Fri**

Name _____ Address _____
 Age _____ D/O/B _____ Grade _____ Gender _____
 Telephone (H) _____ Cell _____ E-mail _____
 Enclosed: Amt \$ _____ Check # _____ Credit Card Visa MC
 Acct. No. _____ Exp. Date _____ Signature _____

I hereby authorize the agents of Basketball Fundamentals Inc. and Sports University to act for me according to their best judgment in any emergency requiring medical attention; and release and discharge Basketball Fundamentals Inc., Sports University, staff, affiliated entities, and their employees from and against any and all liabilities or causes arising out of my child's participation in the program.

PARENTS SIGNATURE _____ DATE _____