

**Clinic Dates:**  
**Tues/Wed**  
**DECEMBER**  
**6th OR 7th**

Boulder City Parks & Recreation Department  
 900 Arizona St. 702- 293-9256



# Youth Basketball

Fee: \$40 includes T-shirt

Please register players at the recreation center prior to the clinics.  
 Players only need to attend one of the two clinics scheduled.

Players need to be registered no later than Thursday, December 8th, 2016 or they will be placed on a waiting list.  
 Note: Teams will fill quickly and very few late sign-ups can be accommodated.

Players are assigned to teams by the Recreation Department. Individual coaches do not assemble teams or recruit players.

**Rating Clinics at the Recreation Center**  
 players must attend one of the rating clinics listed below

**TUES. OR WED. DEC. 6 OR 7**

<b>3<sup>rd</sup> – 4<sup>th</sup> Grade boys</b>	<b>DEC. 6 OR DEC. 7</b>	<b>6:00PM</b>
<b>3<sup>rd</sup> – 4<sup>th</sup> Grade girls</b>	<b>DEC. 6 OR DEC. 7</b>	<b>6:30PM</b>
<b>5<sup>th</sup> – 7<sup>th</sup> Grade girls</b>	<b>DEC. 6 OR DEC. 7</b>	<b>7:00PM</b>
<b>5<sup>th</sup> – 7<sup>th</sup> Grade boys</b>	<b>DEC. 6 OR DEC. 7</b>	<b>7:30PM</b>



Coaches are needed, if interested please contact 702-293-9256!

Jersey size: Child    S    M    L    XL Adult    S    M    L    XL

\_\_\_\_\_  
 Name phone grade

\_\_\_\_\_  
 Address birthdate gender age

**RELEASE OF LIABILITY – ACTIVITY Basketball – 2016/2017**

I, the undersigned, as a participant or parent/guardian of the participant in the above named activity sponsored by the Boulder City Parks and Recreation Department, do understand that, in consideration of the Parks and Recreation Department, I do release them, their officers, agents or employees from all liability demands or claims for loss, damage or injury resulting from participating in the above mentioned activity, as there is no insurance provided. I recognize and understand that the above described activities require that I be in good health. I warrant and declare that the participant is in good health. If the participant is a minor, I also give my consent for his/her participation in the above activities, and for any necessary emergency medical treatment.

\_\_\_\_\_  
 Signature (if minor: Parent or Guardian)

\_\_\_\_\_  
 Date