

CHIPPEWA GIRLS BASKETBALL

CHIPPEWA FALLS, WI

SUMMER MINI-CAMP

DIRECTED BY TIM LEIS & KIP KNEZ

WHO: GIRLS ENTERING 1ST -4TH GRADES FOR THE 2009-2010 SCHOOL YEAR, BEGINNING AND EXPERIENCED PLAYERS ARE WELCOME

WHAT: THE CLINIC WILL STRESS BASKETBALL FUNDAMENTALS, SKILLS AND DRILLS

WHEN: WEDNESDAYS, June 24, July 1, 8.15, 22

11:00 am-12:00 pm

BRING YOUR OWN BASKETBALL (Some will be provided if needed)

COST: \$18.00 FOR ALL SESSIONS OR \$4.00 PER INDIVIDUAL SESSION
(*Make Checks payable to Chippewa Girls Basketball*)

WHERE: HILLCREST ELEMENTARY SCHOOL (1200 Miles St)

REGISTER: MAIL REGISTRATION & PAYMENT TO:

Chippewa Girls Basketball
C/O Tim Leis
251 Dwight St.
Chippewa Falls, Wi 54729

NO
CONFIRMATION SENT
Please send a self addressed
stamped envelope if confirmation
is needed, otherwise just show up
on the 1st Wednesday!!

QUESTIONS: CALL TIM LEIS 723-0831 OR KIP KNEZ 720-6073

2009 Chippewa Girl's Basketball Summer Mini-Camp Registration

Player's Name _____ Date _____

Address _____ Amount _____

Telephone _____ Check # _____

Grade (2009-2010 school year) _____ School _____

Parent(s) Name _____

It is understood that Chippewa Girls Basketball is not responsible for any injury that may occur to a player. I hereby authorize the director of the Chippewa Girls Basketball Summer Mini-Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the coaches and Chippewa Girls Basketball of all liability for illness and injury. I will inform coaches of any special medical needs for my daughter. My daughter is covered by our family health insurance, she is in good health and able to participate in the physical activity of a vigorous program.

Parent Signature _____