



CLARK COUGARS LITTLE HOOPSTERS



BASKETBALL PROGRAM

Grades 3rd - 6th Grade Boys & Girls

Program Details: Clark Montessori High School Boy's Basketball in conjunction with Cincinnati's NUMBER 1 Basketball Trainer KEITH BRASWELL is offering a winter basketball program for boys and girls in the third through sixth grades. The Coach Keith Braswell along with the Clark Basketball Staff and High School Players will direct and coach the program. Areas of basketball development include: detailed individual skills, ball handling, footwork, passing, shooting, character development, and teamwork.

When: Saturdays beginning November 19th - December 17th.

Time: 9-10:30am

Location: Clark Montessori High School: 3030 Erie Ave. Cincinnati, Ohio 45208

Cost: \$50 per child, \$30 for each additional sibling (includes Little Hoopsters t-shirt)

****Program is limited to the first 40 kids, so register ASAP to reserve your spot****

****Please complete the attached registration form. Please bring or mail the registration form and payment to:**

Clark Montessori High School
Men's Basketball - Darnell Parker
3030 Erie Ave. Cincinnati, Ohio 45208

*****Checks made payable to: "Activities Beyond the Classroom"**

Memo: Clark Boys Basketball***

Please email Coach Parker: clarkcougarhoops@gmail.com to reserve your spot!

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REGISTRATION FORM

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Men's Basketball – Darnell Parker
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Memo: Clark Boys Basketball***

Player Name: _____ Player Grade: _____ School Attending: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____ Email: _____

T Size (circle): YM YL AS AM AL Payment (\$50 per player): Cash or Check/Money Order
(\$30 each additional sibling)

PHOTO RELEASE CONSENT (OPTIONAL)

I HEREBY AUTHORIZE THE STAFF OF THE CLARK BASKETBALL PROGRAM TO PHOTOGRAPH MY CHILD DURING THE LITTLE HOOPSTERS PROGRAM AND GIVE CONSENT TO THE STAFF TO POST THE PHOTOS ON CLARK RELATED WEBSITES OR LOCAL NEWSPAPER OUTLETS.

Parent Signature

Date

EMERGENCY MEDICAL INFORMATION

I HEREBY AUTHORIZE THE DIRECTORS AND STAFF OF THE CLARK BASKETBALL PROGRAM, IN THE EVENT OF AN EMERGENCY SITUATION REQUIRING MEDICAL ATTENTION, TO ACT FOR MY SON/DAUGHTER, AND I HEREBY WAIVE AND RELEASE CNE SCHOOLS AND THE DIRECTORS AND STAFF OF THE PROGRAM FROM ALL LIABILITY FOR ANY INJURIES OR ILLNESS INCURRED DURING THE PROGRAM. I HEREBY WARRANT THAT MY SON/ DAUGHTER ARE COVERED BY MEDICAL INSURANCE IN THE EVENT OF AN INJURY. I UNDERSTAND THAT THIS FEE DOES NOT INCLUDE ACCIDENT INSURANCE AND THAT THE CNE BOARD OF EDUCATION ASSUMES NO LIABILITY.

Parent Signature

Date