



Clovis High Girls Basketball Futures Clinic 2018

Clovis High School would like to invite you to join us for our Girls Basketball Futures Clinic for any girl in Kindergarten – 8th grade. The clinic will take place on 4 consecutive Monday nights beginning September 10th and concluding October 1st. The clinic will take place in the Clovis High School South and North Gyms from 6:00 p.m. – 7:30 p.m. The cost of the clinic is \$50 and each participant will receive a Clovis High Girls Basketball Futures t-shirt as well as direct instruction from the Clovis Girls Basketball coaches and members of their program. This camp is designed for young Cougar players to learn the fundamentals of the game while having fun.

To register by mail, send the completed form on back to
Clovis High School
C/O Greg Clark
1055 Fowler Ave
Clovis, CA 93611
Please make checks payable to Clovis High Girls Basketball

OR

To register and pay electronically visit our website at www.clovisgirlshoops.com and follow the link provided for Eventbrite.com

We're all looking forward to seeing you!

Sincerely,
Greg Clark
Director of Sport Girls Basketball
Clovis High Varsity Basketball Coach

In accordance with CIF bylaw 207, any athlete who transfers from School "A" to School "B" after having prior contact, during the previous 24 months, either directly or indirectly with School "B" prior to enrollment shall not be eligible at School "B" for 365 days from initial date of enrollment. This includes this camp, clinic, AAU, club team, and/or workouts.

Futures Clinic Participation Form

PLAYER'S NAME: _____

ADDRESS _____
CITY, ZIP _____

GRADE _____

SCHOOL _____

HOME PHONE _____

CELL PHONE _____

PARENT'S NAME _____

EMAIL _____

Are you interested in participating in our Little Hoopsters program in January?? Yes or No

CIRCLE T-SHIRT SIZE Youth S M L XL or ADULT S M LG

Release Agreement: In consideration of the acceptance of this application for participation, I intend to be legally bound herby for myself, my heirs, executors and administrators, waive release any and all, right and claims for damages I may have against Clovis Unified School District or its representatives and/or assignees, for any and all damages which may be sustained and suffered by me in connection with my association with or entry in this clinic, and which may arise out of traveling to, participating in or returning from camp.

Parent Signature: _____ Date: _____