



# FALL BASKETBALL CLINIC

Led by the Barlow High Varsity coaches, these clinics are weekly opportunities to practice and improve your basketball skills.

## BOYS (Grades 4-8)

**DATE:** Every Monday  
September 17—October 22  
(9/17, 9/24, 10/1, 10/8, 10/15, 10/22)

**TIME:** 6:30—8:00 pm

**WHERE:** Barlow High School

**COST:** \$60

## GIRLS (Grades 4-8)

**DATE:** Every Tuesday (with one noted exception)  
September 18—October 23  
(9/18, 9/25, 10/2, 10/9, 10/16, Mo. 10/22)

**TIME:** 6:00—7:30 pm

**WHERE:** West Orient Middle School

**COST:** \$60

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Please fill out and return with payment on the first evening your child attends a clinic:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade for 2018-19: \_\_\_\_\_ School: \_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration of the acceptance of this entry, I for myself, my executors, and assignees, do hereby release and discharge Gresham-Barlow School District, all sponsors, agents and employees of any and all claims, demands or causes of action arising out of my child's participation in this fall basketball clinic. I attest and verify that I have full knowledge of the risks involved in this event, and my child is physically fit and sufficiently trained to participate in this event.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_