



**OFFERS**

# **3<sup>rd</sup> and 4<sup>th</sup> GRADE HAWKS HOOPS**

**4 WEEKS OF TWO CLINICS EACH WITH HIGH SCHOOL COACHES**

## **DAYS, TIMES, AND LOCATIONS:**

**WEDNESDAYS 3:45-5:15 PM (RED HAWK ELEMENTARY)**

**SATURDAYS 9:00-10:30 AM (CEDAR VIEW ELEMENTARY)**

**DATES:            OCTOBER 20<sup>th</sup>-NOVEMBER 10<sup>th</sup>**

## **INSTRUCTION BY**

**CSHS GIRLS BASKETBALL PROGRAM COACHES AND PLAYERS**

**COST:            \$50.00 made payable to "CSAPR"**

**\$5 discount for multiple children in family**

**Cost includes 8 clinics, a reversible jersey, and a certificate of completion**

**Participant's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_  
**Elementary Building Participant Attends:** \_\_\_\_\_ **Youth Shirt Size:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Emergency Contact #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City & Zip** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Nighttime Phone:** \_\_\_\_\_

**Name of township/city of residence:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**How do you hear about CSAPR Programs?** \_\_\_\_\_

*I am aware of the possibility of injuries that exist with the participation in all recreational programs. I understand the Cedar Springs Area Parks & Recreation Dept., Cedar Springs Public Schools, and the instructors are NOT responsible for injuries that may occur during camps, clinics, and programs or for personal items brought to the programs. We also will take full responsibility for transportation to and from clinics, including getting to Wednesday practices at Red Hawk Elementary.*

**Parent's signature (18 and older):** \_\_\_\_\_ **Date:** \_\_\_\_\_