

Ridgefield Community Education
510 Pioneer Street, Ridgefield WA 98642 / 360.619.1303

Basketball Skills Camp & Mini-League 1st & 2nd Grade Students

What: **NEW!!** We will run a 3 week Co-ed Skills Camp, followed by 3 weeks of game/league play. Our skills camp is a great “non-competitive” introduction to basketball!! Kids learn the basic skills and terminology necessary to enjoy the game of basketball. Dribbling, defense, proper shot technique and good sportsmanship are emphasized!! At the end of the 3 week clinic, kids will be divided evenly among teams and a game schedule will be arranged. Games will be played on a short court, with lowered baskets and no score will be kept. Parent volunteers will coach the teams...and may assist the kids on the court during the games. This program is designed to be a low-key, educational introduction to basketball competition.

Who: All 1st & 2nd graders, parent participation is encouraged

Where: South Ridge Gym

When: Clinic Saturdays, January 21 – Feb 4 / League Saturdays, Feb 11, 18, & 25

Time: Clinic is 9:15 – 10:30 AM / Game times TBD

Cost: Clinic & League - \$50 / Clinic Only - \$30

Instructor/Director: Jerry DeShazer

Questions? Call Terri – 619.1303

Skills Clinic Registration

Mail to: Ridgefield Community Ed, 510 Pioneer Street, Ridgefield WA 98642

Name (Last) _____ (First) _____

Age _____ Grade _____ School _____ Shirt Size YS YM YL AS AM

Address _____ City _____ Zip _____

Home # _____ Work # _____ Cell # _____

Parent/guardian names _____

Emergency contact _____ Phone _____

Parent permission:

_____ has my permission to participate in the Community Education Program. In an emergency I grant permission for emergency medical treatment to be administered to my child. I agree to pay all medical bills not covered by my insurance company listed below. I release Ridgefield School District from responsibility for any bills resulting from injuries incurred in this program. While no sports physical is required to participate, I understand that my child should be in good physical condition and that a current medical exam is strongly recommended. I understand the risks of participating in this sports activity. I have listed information regarding allergies and/or medical conditions about my child of which staff should be aware. Does your child have any allergies of medical conditions that staff should be aware of? _____

If yes, please explain _____

Parent/guardian signature _____ Date _____

Insurance co. _____ Policy # _____

Physician's name _____ Phone# _____