

# **BASKETBALL SKILLS CLINIC**

**BOYS & GIRLS 4 - 8 YEARS OLD**

**JANUARY  
10TH -  
FEBRUARY  
14TH**



**RESIDENT \$60  
NON  
RESIDENT \$70**

**INSTRUCTIONAL PROGRAM, NO GAMES, NO COACHES  
FUNDMENTALS OF BASKETBALL  
SATURDAYS AT SWAN VALLEY HIGH SCHOOL**

**TWO AGE GROUPS  
4-5 YRS OLD  
9:00 AM - 10:00 AM  
6-8 YRS OLD  
10:15 AM- 11:15 AM**

**DEADLINE TO REGISTER:  
NOVEMBER 21ST  
\$25 LATE FEE UNTIL  
REGISTRATION CLOSES  
NOVEMBER 26TH**



# 2nd-6th Grade Basketball 2026

\*\*\*Office Use Only\*\*\*

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check Number: \_\_\_\_\_

Received By: \_\_\_\_\_

Player's LastName: \_\_\_\_\_ First Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Primary Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Circle Shirt Size:

Youth  
Small

Youth  
Medium

Youth  
Large

Adult  
Small

Adult  
Medium

Adult  
Large

Adult  
XL

**Circle:**      Resident \$60      Non-Resident \$70

Cash or Checks payable to: **Thomas Township General Fund - 249 N. Miller Rd. Saginaw, MI 48609**

Or register online at [www.thomastwp.org](http://www.thomastwp.org)

Check the box stating you have received the concussion information sheet

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**Circle Division:**

Boys 2<sup>nd</sup>-4<sup>th</sup>

Boys 4<sup>th</sup>-6<sup>th</sup>

Girls 2<sup>nd</sup>-4<sup>th</sup>

Girls 4<sup>th</sup>-6<sup>th</sup>

Registration **Deadline – November 21st** (\$25 late fee after this date until November 26th)

Registration **Closes November 26th.**

**Please Return Forms to ThomasTownship Parks and Recreation  
Office at 249 N. MillerRoad Saginaw MI 48609**

**WE CANNOT GUARANTEE REQUESTS. Volunteer Coaches determine their teams practice times. We can only  
honor requests between siblings/family members.**

*My signature on this form verifies that I understand Thomas Township, its employees and volunteers, shall not  
be responsible for any injury to my child while participating in this basketball program. I waive and release*

*Thomas Township from any and all claims.*      Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Volunteer Coach

Name : \_\_\_\_\_ Coach's

Phone \_\_\_\_\_ Shirt Size: \_\_\_\_\_