

*Thomas Township Parks and Recreation*



# ***BASKETBALL SKILLS CLINIC***

Co-ed

Two age groups:

4-5 year old's      9:00 am—10:00 am

6-7-8 year old's    10:30 am—11:30 am

**FEES: Resident \$50 Non Resident \$55**  
**Deadline to register:**  
**Friday, November 12th**  
**A \$15 late fee will be charged after this date!**

***Registration closes November 19th***  
**[park2@thomastwp.org](mailto:park2@thomastwp.org)**

- **Instructional program**  
No games, no coaches
- **Fundamentals of basketball**
- **Six-week program**
- **Saturdays**
- **Starts January 8th**
- **Held at Swan Valley High School**

**Register at:**  
**Thomas Township Parks & Recreation**  
**249 N. Miller Road Saginaw, MI 48609**  
**(cash or check only in office)**

# Thomas Township Parks & Recreation Basketball Clinic 2022

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

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

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

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

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

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

Person Registering Child (*Other than parent*): \_\_\_\_\_

***Office Use Only***		
Cash: _____	Check: _____	Check Number: _____
Received By: _____		

**Circle shirt size:**

<b>youth small</b>	<b>youth med</b>	<b>youth large</b>	<b>adult small</b>	<b>adult med</b>	<b>adult large</b>
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\*If you order the wrong size shirt & request a new one, there will be a \$10 fee to order a new one

**Circle age group:**

<b>4-5 years old</b>	<b>9:00—10:00 am</b>
<b>6-7-8 years old</b>	<b>10:30—11:30 am</b>

**Please circle:**

<b>\$50 Resident</b>	<b>\$55 Non-Resident</b>
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(Cash or Check only accepted at office, checks payable to Thomas Township General Fund)

**Registration deadline November 12th.**

**\$15 late fee added after deadline**

**Registration CLOSSES November 19th.**

*My signature on this form verifies that I understand Thomas Township its employees and volunteers, and the Swan Valley School District shall not be responsible for any injury to my child while participating in the basketball clinic. I waive and release Thomas Township, its employees and volunteers, and the Swan Valley School District from any and all claims.*

\_\_\_\_\_  
*Parent/guardian signature*

\_\_\_\_\_  
*Date*

***We do our best to honor requests but we CANNOT guarantee them.***