



MADISON METROPOLITAN SCHC

2009 SUMMER BASKETBALL SKILLS CLINIC

Warner Park Community Recreation Center
1625 Northport Drive, Madison, WI 53704

SATURDAYS, JUNE 6 – JULY 25 (Skip 6/27 & 7/4)

WHO: Boys & Girls, Grades 1-2, 10 am -12 pm
Boys & Girls, Grades 3-5, 12 – 2 pm

WHAT: Six-week clinic covering basketball skills and rules, team play, sportsmanship, scrimmage games & t-shirts for all participants.

FEE: \$30 *Scholarships available. Warner Park ID required.
Call 245-3669 for more information.*



Make checks payable to **CITY TREASURER.**
Return registration form & payment to
MSCR at Warner Park, 1625 Northport Drive, Madison, WI 53704.
Call 245-3669 for more information.

PLEASE COMPLETE A SEPARATE REGISTRATION FORM FOR EACH CHILD.

MSCR WARNER PARK BASKETBALL SKILLS CLINIC REGISTRATION FORM

Child's Name _____ Grade _____

Parent/Guardian _____ Phone: Day _____ Evening _____

Address _____ Zip Code _____

Note special accommodations or health concerns _____

Check one: ___ Grades 1-2, Course # 220000-A or ___ Grades 3-5, Course # 220000-B

Complete if using VISA or MASTERCARD:

Credit Card Number _____ Exp. Date _____ Security Number _____

Authorized Signature _____ Print Cardholder Name as it appears on card

By registering or participating, the registrant understands that individual accident insurance is not provided for MSCR programs and agrees to adhere to program rules. I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of, or in any way connected with my participation in MSCR programs. Photos may be taken during programs for educational and marketing purposes.

Parent/Guardian Signature _____

Date _____