



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PICK UP YOUR GAME

YOUTH BASKETBALL 2022

Elementary Girls and Boys K-2nd Grade Basketball Clinic SWITZERLAND COUNTY YMCA GYM



GIRLS Dates: Thursdays
March 31, April 7, 14, 21
Time: 5:30-6:30 pm



BOYS Dates: Mondays
March 7, 14, 28, April 4
Time: 6:00-7:00 pm

Participant Information

K-2nd Grade Girls/Boys Basketball Clinic Registration Form: One participant per form, Please PRINT LEGIBLY! REVERSE SIDE MUST BE COMPLETED. Online registration is available at www.switzymca.org.

GIRLS _____ BOYS _____

Jeff-Craig Elementary School _____ Switzerland County Elementary School _____

Grade (Please circle) K 1st 2nd

NAME: _____ Birth Date ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE # _____ CELL PHONE # _____

Does your child have any physical conditions that would limit her participation in this program? If yes, please explain. _____

T-SHIRT SIZE (please circle size) YS YM YL AS AM AL AXL AXXL

Parent/Guardian Information

Name: _____ Phone: _____

Email: _____

FIRST DAY OF CLINIC PARENTS/GUARDIANS WILL NEED TO COMPLETE AN ADDITIONAL WAVIER.

INFORMATION:

Cost:

\$0 for Switzerland County Residents/
Switzerland County Students.

\$20 for out of county participants.

Thanks to the Switzerland County Schools.

HOW TO REGISTER

IN PERSON at: Switzerland County YMCA

MAIL completed entry form and fee to:

Switzerland County YMCA

PO Box 113

Vevay, IN 47043

ONLINE at: www.switzymca.org

Have your Kindergarten, 1st, and 2nd grade girl/boy pick up their game at our basketball clinic. This spring we are offering a 4-week program for boys and girls in Kindergarten, 1st, and 2nd grade. This program is both instructional and fun. It is designed to instruct participants on the basic fundamentals and skills of basketball. This clinic is led by the Switzerland County High School Boys and Girls Basketball Coaching Staff and players.



SWITZERLAND COUNTY YMCA
1114 West Main Street Vevay, IN 47043
812 427 9622 www.switzymca.org
Contact: Amy Rathje

Emergency Contact Information #1

Name: _____ Phone: _____

Relation to Child: _____

Emergency Contact Information #2

Name: _____ Phone: _____

Relation to Child: _____

WAIVER: Important! Please read & sign this release. (AN ADDITIONAL WAIVER WILL NEED TO BE COMPLETED THE FIRST DAY OF THE CLINIC.)

All participants must read and sign. I understand that this program carries with it the potential for physical injury and property loss. I hereby assume the risks of participating in this program and certify that I am physically fit, and have not been advised against participation by any qualified health professional. I agree that I hereby waive, release and forever discharge the Switzerland County YMCA, volunteers, Switzerland County Public Schools, and any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of, or relate to, my participation in or my traveling to or from this program. This release of liability expressly extends to any negligence on the part of any of the parties release herein.

PHOTO PERMISSION: We, participating individual or legal guardian, do hereby grant permission for photos to be used in publicity or brochures to the Switzerland County YMCA.

Signature _____

Legal Guardian Signature _____
(Required for participants under the age of 18 years)