

Highland Girls Youth  
Basketball

Little Dribblers!  
2nd grade Clinics



We are going to be offering three dates for the 2nd grade girls this winter. This will be a chance for your little dribbler to meet and greet some of the varsity coaches and players. The hoops will be lowered to eight feet during these clinics. We will work on very basic fundamentals like; dribbling with both hands, jump stops, layups, and shooting form. There will be no five on five games played during this time. If you have a child in 1st grade and you think she can handle this program, please call me. You may sign up for one date or all three. Cost of clinics are \$10 per clinic or \$25 for all three. Free T-Shirt if you sign up for all three clinics

Highland  
Girls Youth  
Basketball

Matt Sheets  
Varsity Girls Coach  
msheets@highlandschools.org  
330-461-1739

Make Checks payable to: Highland Girls Basketball Club

Dates of programs:

1. December 13, 2008 1p– 2:30p HS Main Gym
2. January 24, 2009 10a-12p HS Main Gym
3. February 21, 2009 12p-2p MS West Gym

Registration form on back! Please send in one week before starting date of clinic.

## Highland Girls Basketball Little Dribblers Application

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

GRADE (for 2008/09 school year) 1st 2nd AGE \_\_\_\_\_ DOB \_\_\_\_\_

T Shirt Size: ADULT: 10-12 14-16 Adult Small

**\*\* TShirt sizes guaranteed only if registration is received by November 30!**

**\*\* In Order to receive free T Shirt you must sign up for all three dates! \$10 for one, \$25 for three**

School enrolled in for 2008/2009 school year: \_\_\_\_\_

As the parent, or guardian of the above named minor, I hereby give my permission for him to play in the Highland Girls Basketball Youth League. I understand that I am responsible for all medical treatment in the event of injury and that no coach, official, or agent of the Highland Girls Basketball Club or Youth League shall be liable for any injury resulting from this activity.

In the event of an injury and I cannot be reached at the above number, please call:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

If none of the above numbers can be reached, I prefer my child be transferred to:

Preferred Hospital: \_\_\_\_\_

I hereby give my consent for the administration of any treatment deemed necessary by Dr. \_\_\_\_\_,  
PHONE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Dates: Please check the Clinics you plan on attending: \$10 for one, \$25 for all three

1. December 13, 2008 1p-2:30p HS Main Gym \_\_\_\_\_

2. January 24, 2009 10a-12p HS Main Gym \_\_\_\_\_

3. February 21, 2009 12p-2p MS West Gym \_\_\_\_\_

4. All Three \_\_\_\_\_

- **REGISTRATION DEADLINE: One week prior to Clinic**
- **NO confirmation will be sent upon receipt of registration. Please arrive at the appropriate gym on the assigned date.**
- **Contact Coach Sheets w/ any questions.**