**

*ALEXANDRIA COMMUNITY CENTER*

 *2024 GIRLS JR. TIGERS BASKETBALL CLINIC*

**Girls – 2nd Grade thru 5th Grade**

The goal of this program is to help players learn the game basketball by focusing on fundamentals, teamwork, and sportsmanship. The program is under the direction of former Lady Tiger, Rachel Young, with the assistance of varsity high school players. The program will be held in the elementary gym. The registration fee is $40 and includes a t-shirt.

**Session Dates (5 total) = Thursday, Feb. 29 – Monday, Mar. 4th – Thursday, Mar. 7th**

 **Monday, Mar. 11th – Tuesday, Mar. 12th**

**\*\*Grades 2/3 will go from 6-7 pm. Grades 4/5 will go from 6-8 pm.\*\***

\*\* Return this registration form with $40 to the ACC during business hours. There is a dropbox in the entryway to put forms and fee. And, you can email your registration to rachelyoungacc@gmail.com \*\*

**\*\*Registration is due by Thursday, Feb. 22nd\*\***

A limited amount of financial assistance and payment plans are available. Ask about family discounts too!

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Player’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_

Does your child have any health problems that we should be aware of?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child played league basketball before? No\_\_\_\_\_ Yes\_\_\_\_\_

Shirt size:

Youth XS\_\_\_ S\_\_\_ M\_\_\_ L\_\_\_ Adult S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_

Fees must accompany this form unless other arrangements have been made. No t-shirts will be issued until all fees have been paid. No refunds will be made. ACC is not responsible for accidents or injuries.

In consideration of participation in the above program(s) conducted by the Alexandria Community Center & Alexandria Community Schools, I do hereby agree to hold free from any liability the ACC and its respective officers, employees, and volunteers. I do hereby for myself, my heirs, executors, and administrators waive, release, and forever discharge and all rights and claims for damages, which may hereafter, accrue to me arising out of or connected with my child’s participation in this program. I attest and verify that the participant listed above is physically fit and I have read this form and understand the expectations of this program.

I give the Alexandria Community Center permission to use pictures taken of my child during sports activities.

Parent/Guardian(please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to contribute $\_\_\_\_\_\_\_ to a scholarship fund that will allow all interested area children to participate in ACC programs.