# Mondh Moiness

### Boys & Girls

For Grades: 2<sup>nd</sup> and 3<sup>rd</sup>
All Skill Levels are Welcome
Wednesdays Starting March 20<sup>th</sup>





**When:** March 20<sup>th</sup> – April 24<sup>th</sup> 2:30 – 3:45

Where: TJ Lions Den (Gym)

Email: kahughes@bcps.k12.md.us

Cost: \$60 (please make checks to TJEMS)

## About Clinic:

- Clinic will focus on skill development in shooting, ball handling, passing, rebounding and general knowledge of the game
- Each participant receives an individual basketball and Tech T-shirt
- Game plan includes skill stations, competitions and scrimmages
- See Reverse Side for Clinic Registration Form

#### **March Madness Basketball Clinic**

#### **Registration Form**

Coach Hughes and select students from the Middle School Basketball team will be running a Basketball Clinic for 2<sup>nd</sup> and 3<sup>rd</sup> grade students. The clinic will focus on skill development in shooting, passing, ball handling and rebounding. Each participant will receive their own basketball and jersey. Clinic schedule will include skill stations, competitions, scrimmages and daily awards.

- The clinic will meet for 6 weeks. Every Wednesday (March 20<sup>th</sup>, 27<sup>th</sup>, April 4<sup>th</sup> (Thursday), 10<sup>th</sup>, 11<sup>th</sup> (Thursday) 24<sup>th</sup>)
- The clinic will begin at 2:30 and conclude at 3:45. Students must be picked up promptly at 3:45 or they must report to another after school program.
- The clinic is designed for students in grades 2<sup>nd</sup> and 3<sup>rd</sup>.
- The maximum number of students admitted in the clinic is 20. The registration is on a first come, first served basis.
- The cost of the clinic is \$60.00. Payment must be made directly to TJEMS with this Registration slip prior to the first practice of the clinic.
- Contact Mr. Hughes for any questions or concerns by phone at 410-396-1575 or by email at KAHughes@bcps.k12.md.us

Student's Name:		Shirt Size:	
Student's Grade:	Teacher:		
Parent's Name:	Par	ent's Phone Number	
Parent's E-mail Address			
Alternate Contact: (Name a	nd Phone Number):		
After Basketball Practice (ch	neck one):		
I will pick up my chil	d in front of school		
My child will walk ho	ome from school		
My child is enrolled	in FF&G and will report to F	F&G	
My child is enrolled	at the Ella Baily Rec Center a	and will report to the Rec Center	
By signing below, I give my	child permission to participa	ate in the basketball clinic and related activities.	
Darant Signatura		Date:	