



Backcourt Hoops
 5 West Olive Plaza
 Scranton PA 18508
 570-558-3833
 www.backcourthoops.com

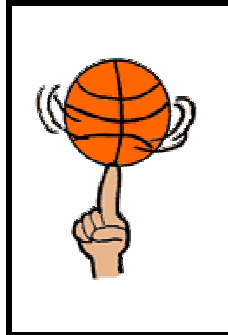
Youth Basketball Academy Fall 2011-Winter 2012

Lay-ups Grades Pre K-2nd

Students who hope to play organized basketball and learn the skills necessary to enjoy the game. Players will learn about individual offensive moves as well as listening skills and the importance of teamwork. This is a great way to stay active and promote a healthy life-style by improving physical fitness. Participation is open to players of all abilities.

Mondays & Wednesdays from 5:30-6:30.**

8 clinics Per Session



Bounce Passers Grades 3-5

This camp is for more advanced players who have some experience in organized basketball and wish to enhance their skills and abilities. Players will learn about team defense and how to make themselves and their teammates better offensively. Improving physical fitness and endurance will be a focus of this camp.

Mondays & Wednesdays from 6:30-7:30**

8 clinics Per Session

- Session 1** Monday and Wednesday Start Sept 21st until Oct 17th **8 clinics**
- Session 2** Monday and Wednesday Start Oct 26th until Nov 21st **8 clinics (No Clinic Mon Oct 31 will be Tuesday Nov 1st)**
- Session 3** Monday and Wednesday Start Nov 28th until Dec 21st **8 clinics**
- Session 4** Monday and Wednesday Start Jan 9th until Feb 1st **8 clinics**
- Session 5** Monday and Wednesday Start Feb 13th until Mar 7th **8 Clinics**

The cost is 75.00 dollars (pre registered and paid walk ups \$85 if space Available) and all Student will receive a free t-shirt. (\$60 for Second clinic if signed up and paid for at the same time and No T-shirt is wanted)

"My son was in the Monday, Wednesday K-4 class at Backcourt Hoops. I just wanted to let you know how fantastic that program was. The coaches you have with these kids are amazing."- Parent of a previous student.

Registration Form Fall 2011-Winter 2012 Basketball Academy

- Session 1** Monday and Wednesday Start Sept 21st until Oct 17th **8 clinics**
- Session 2** Monday and Wednesday Start Oct 26th until Nov 21st **8 clinics (No Clinic Mon Oct 31 will be Tuesday Nov 1st)**
- Session 3** Monday and Wednesday Start Nov 28th until Dec 21st **8 clinics**
- Session 4** Monday and Wednesday Start Jan 9th until Feb 1st **8 clinics**
- Session 5** Monday and Wednesday Start Feb 13th until Mar 7th **8 Clinics**

Check One **Lay-ups Grades Pre K-2nd grade** **Bounce Passers Grades 3-5**

Please Print:

Players Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Shirt Size: (Circle One) YS YM YL AS AM AL

Age: _____ Birth Date: _____ Grade: _____ E-Mail _____

School: _____

Health Insurance Co. _____ Group #: _____ Policy #: _____

Payment Information:

Amount Charged: \$ _____ Card #: _____

Type (circle) Visa Mastercard Discover Amex Billing Zip Code _____

Name on Card: _____ Exp: _____ Cardholder Signature: _____

My child is in excellent physical health and capable of participating in strenuous physical activity, and waive Backcourt Hoops of any and all responsibilities for injury or illness. I hereby authorize the director of Backcourt Hoops to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and must provide Backcourt Hoops with proof of insurance. I also understand that my payments are non-refundable, non-transferable under any circumstances.

Signature of Parent/Guardian _____ Date: _____

Mail or Fax to: Backcourt Hoops 5 West Olive Plaza Scranton PA 18508 fax 570-558-3835

Office use only: Amt pd. _____ Date Rec. _____ Balance: _____