



'Hard 2 Guard' Basketball Clinics

Sundays, September 24th -November 5th

GRADE ENTERING	TIME	LOCATION	COST
3 rd -5 th	12pm-2pm	EHS	\$160
6 th – 12 th	2pm-4pm	EHS	\$160

The Ellensburg Basketball Club, in partnership with the City of Ellensburg Parks & Recreation Department, is excited to bring the 'Hard 2 Guard' youth basketball clinic to girls and boys. The 7-week clinic will focus on shooting, ball handling, defensive skills, passing and rebounding. Instruction will be provided by the EBC staff, along with instructors from NBC Basketball Camp and other collegiate coaches and players. Each session is limited to 50 kids.

This event is licensed by the Amateur Athletic Union (AAU) of the U. S., Inc. All participants must have a current AAU membership. AAU Youth Athlete membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connection. Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership.

Participants can also sign up for single sessions. Cost is \$35 per session and the participant must be registered by Thursday of the week they are attending. Walk up registrations will not be accepted.

Players are encouraged to bring their own basketball. Please contact Joey Race at racej@cwu.edu with any questions.

PARTICIPANTS NAME: _____ SCHOOL GRADE IN FALL OF 2017: _____ AGE: _____

SHIRT SIZE: Circle One YOUTH ADULT Circle One S M LG XL

T-shirt is included only if you sign up for all seven sessions.

PARENTS NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ EMAIL: _____

AAU Card Number: _____

City of Ellensburg Participant Waiver and Release (to be signed if participant is under age 18):
I hereby grant my full consent and authorization for the above-named minor to engage in activities offered by the Ellensburg Parks and Recreation Department. I certify I am the parent or legal guardian of the above-named child; that I have read and understand the foregoing "Participant Waiver and Release; and that, in consideration of the City allowing this child to participate in the Parks Department's activities or use City facilities, I join in the waiver and release without reservation and agree to release and waive any claim or right of recovery I might have arising out of any injury, death or damage this child may sustain as against the City of Ellensburg, its officials, employees and agents. I agree photographs taken of the child during such activities may be used for promotional purposes.

Parent/Guardian Signature: _____ Date: _____

City of Ellensburg Participant Waiver and Release (to be signed if participant is under age 18):
As the parent or legal guardian, I authorize Ellensburg Parks and Recreation Department staff and EBC staff to render first aid to the above-named minor child in the event of an injury. Also, I authorize a licensed medical professional to examine this minor child and, in the event of an injury, to render such care as he or she deems necessary for the treatment of such injury. I further authorize the Parks and Recreation Department to send this child to the hospital or licensed medical professional most accessible in the event of an injury or accident.

Parent/Guardian Signature: _____ Date: _____

Mail Registration/Payment to: City of Ellensburg - Parks & Recreation *Checks made payable to City of Ellensburg
501 N Anderson St
Ellensburg, WA 98926

Or on-line @ https://www.activityreg.com/selectactivity_t1.wcs?leaguesid=1