

**21<sup>th</sup> ANNUAL BILL REIGEL MEMORIAL  
BASKETBALL CLINIC  
June 25, 2018 – June 28, 2018  
8:30 a.m. – 11:00 a.m.**

**AIMS OF THE CLINIC:** The primary purpose is to develop individual basketball skills with emphasis on the importance of team work, discipline, communication, and sportsmanship. Our overall aim is to produce a camper who appreciates the results of hard work, the satisfaction of doing a job well, and develops high ideals in sportsmanship, leadership, and citizenship.

**ACTIVITIES:** Most of the work will be on the fundamentals of basketball. Team games will also be played. Trophies will be awarded in several competitive events in each age division. Each participant will receive a T-shirt and a certificate of participation.

**SUPERVISION:** The clinic will be under the supervision of Susan Johnson and Sarah Stout and several other coaches from the school and surrounding area.

**FOR MORE INFO CALL:** (337) 725-3536, Ext. 11100 – S.B.H.S.  
(337) 912-3242 Susan Johnson (337) 302-9691 Sarah Stout  
(337) 499-9901 Sarah Marcantel

**MAKE CHECKS PAYABLE TO:** Bill Reigel Memorial Clinic  
**MAIL CHECKS TO:** Susan Johnson – 10082 Hwy 171 Longville, La 70652

**AGES:** Grades K-9  
**FEE:** One child = \$40.00, two children from the same immediate family = \$75.00, three children from the same immediate family = \$110.00. (\$25.00 for each child over total of three)  
**INSURANCE:** All participants will be covered by a group accident insurance policy paid for by registration fee.  
**REPORT DESTINATION:** Players should report to SBHS Gymnasium at 8:00 a.m. on June 26 at 8:00

**\*\*Awards Ceremony will be on the Thursday at 10:30**

**Registration Form: please fill out the front and back and mail with registration fee**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Grade \_\_\_\_\_ 2018-2019 School \_\_\_\_\_  
 T-Shirt Size \_\_\_\_\_ YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL  
 Parents \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

**\*\*\*\*\*PLEASE FILL OUT WAIVER ON THE BACK OF THIS FORM!!!!!!**

# Bill Reigel Memorial

## Basketball Clinic

I certify that \_\_\_\_\_ has my permission to participate in the Bill Reigel Memorial Basketball Clinic. I authorize the camp staff to act for me according to their best judgment in any medical emergency. I hereby waive and release the camp directors, coaches and support staff of any liability for injuries while participating in camp. I have no knowledge of mental or physical conditions which may affect my child's ability to safely participate in camp activities. I further certify that the above mentioned camper has medical insurance in case of any emergency.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Please list any medical conditions that we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person (if the parent or guardian cannot be reached:

\_\_\_\_\_

Phone Number \_\_\_\_\_