

WRENTHAM SUMMER BASKETBALL CLINICS

***Deadline: (Wednesday) June 20TH ***

\$75.00 per session

For boys and girls entering grades
1-6 as of September 2018.

Be ready to play fun games and learn the skills of basketball.

All levels of players are encouraged to attend.

COME JOIN THE FUN! PLAYERS FROM ALL
TOWNS ARE WELCOME!

REGISTRATION FORM IS ON THE BACK SIDE

A. For all children entering grades 1-3 as of September 2018

Date: June 25 – 29, 2018

Time: 9:00 – 11:00 a.m.

*** AFTERNOON SESSION**

B. For all children entering grades 1-3 as of September 2018

Date: June 25 – 29, 2018

Time: 11:30 – 1:30 p.m.

NO CAMP JULY 4TH WEEK

C. For all children entering grades 1-4 as of September 2018

Date: July 9 – 13, 2018

Time: 9:00 – 11:00 a.m.

D. For all children entering grades 2-5 as of September 2018

Date: July 16 - 20, 2018

Time: 9:00 – 11:00 a.m.

E. For all children entering grades 3-6 as of September 2018

Date: July 23 – July 27, 2018

Time: 9:00 – 11:00 a.m.

Location for all sessions: Gibbons Gym, Delaney Annex 120 Taunton St.
Wrentham, MA

Clinic Includes: Shooting, Dribbling, Passing, Foul Shots, Rebounding,
Basketball Games and Activities.

Any questions you can contact Mark Maguire email:
Maguirem@wrenthamschools.org or call 508 384-2125

Complete the attached form and have your child return it to his/her teacher
or drop it off at the Roderick or Delaney offices. ENROLL EARLY:
LIMITED SPACE

Name of player _____

Grade player will be entering Sept. 2018 _____

Circle session your player will attend **A** **B** **C** **D** **E**

e-mail _____

phone# _____ Emergency phone# _____

Enroll the above individual. I agree not to hold the Wrentham Institute nor anyone associated with the Wrentham Institute responsible for any athletic, dental, or bodily injury incurred before, during, or after this program. The applicant is in good health and is able to participate in physical activity of a rigorous program and is covered by medical insurance. In case of medical or dental emergency I understand every attempt will be made to contact me. If I can't be reached, I hereby give permission to the nurse, physician, or dentist selected by the staff to secure medical treatment that they deem necessary for my child.

Parent/Guardian Signature

Date

Make Checks Payable to: Wrentham Public Schools