La Crosse Central Basketball Association (LCBA)

2016 Fall Ball

Grades K-8

This four week clinic focuses on teaching and refining the fundamentals of the game from ball handling to passing to shooting. Due to the wonderful facilities and outstanding coach-to-player ratio, we are able to divide this program into beginning, intermediate and advanced levels. This is a great tune up for players preparing for the upcoming middle school and LCBA / MVBL basketball seasons. It is also an excellent first step for younger players just beginning to play the game. **Sessions are held in Hackett Gym at Central.** If you cannot make your scheduled session's time, please come to the other session instead !

DATE	K - 4th Grade	5th - 8th Grade
October 03, 2016 (Monday)	6:00 pm – 7:00 pm	7:15 pm – 8:15 pm
October 10, 2016 (Monday)	6:00 pm – 7:00 pm	7:15 pm – 8:15 pm
October 17, 2016 (Monday)	6:00 pm – 7:00 pm	7:15 pm – 8:15 pm
October 24, 2016 (Monday)	6:00 pm – 7:00 pm	7:15 pm – 8:15 pm

COST: **$ 25.00** You may sign up on-line at www.lcbahoops.org or at the registration meeting on Monday September 26th at 7:30 pm. Includes Red Raider T-shirt
MAKE CHECKS PAYABLE TO LCBA

MORE INFORMATION: Todd Fergot, Central High School Head Basketball Coach
608 789-3086 tfergot@lacrossesd.org

If you cannot make your scheduled session's time, you are welcome to come to the other session !

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2016 Fall Ball

Player's Name: _____

Home Address: _____

City/State/Zip: _____

Cell Phone: (___) ____ - _____

Parent/Guardian: _____

Email: _____

School:_____ **Grade**: ☐K ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8

T Shirt Size: **Youth:** S ☐ M ☐ L ☐ **Adult:** **S** ☐ M ☐ L ☐ XL ☐

My child has permission to participate in the LCBA / MVBL / Red Raider Basketball Program. He/she is physically able to participate in program activities without restrictions. In the event of injury or illness, I give my consent for medical treatment and permission to the coaches / volunteers to arrange for medical treatment. If further medical treatment by a physician is required, the coach / volunteer will make a reasonable attempt to contact me. I will be responsible for any medical or other expenses in connection with my child's participation in the program. I give my consent for pictures of my child to be used in brochures, web sites, or other marketing and promotional materials. I agree to hold harmless any officers or directors of the LCBA / MVBL and the volunteers who assist my children as well as the organizations known as the LCBA / MVBL should any harm / injury befall my children or family at LCBA/MVBL events.

_____ _____

Parent's Signature Date