

Epworth Community Basketball Clinic



August 21-25

6:00-8:00pm

Monday, August 21 – Friday, August 25
6:00 pm – 8:00 pm

Bohrer Park Activity Center

506 S Frederick Ave, Gaithersburg, MD 20877

\$25 per child/youth for the week
or \$45 per family

Scholarships granted through Pastors

Children who have completed 2nd grade – 11th grade welcome
Three Groups: 8-9 years | 10-12 years | 13 years and up

Registration deadline August 1

Please complete all information on reverse side
Make checks payable to Epworth UMC

Space is limited. We will confirm your registration upon receipt of form and payment.
All instructors are Epworth UMC or Emory Grove UMC leaders or recruits!

Epworth United Methodist | 9008 Rosemont | Gaithersburg, MD 20877 | epworthunited.org

We prefer online registration. To pay with credit/debit please go to:

<https://epworthbbclinic2017.eventbrite.com>

(no paper form required if you register online)



**Community Basketball Clinic
Bohrer Park Community Center
August 21-25**

One form required per child

Please check this box if scholarship is needed

Name _____

Address _____

Birthdate _____ Grade just completed _____

Parents' names _____

Parent phone _____ Emergency phone _____

Email-address _____

Name of your home church? _____

Have you played basketball before? Yes No If so where? _____

Is your child or youth on medication now? If yes, what? _____

Does your child or youth have allergies, special dietary needs, or any specific problems that the advisors should know about? If yes, please describe:

I grant permission for Epworth to take pictures of my child/youth to be published in educational or informational materials at any time. Yes No

I understand that basketball is a physical sport and during a training or clinic injury can occur. By signing this form I indicate that my child/youth is physically able to participate in basketball and I thereby authorize them to participate in the corresponding activities. Yes No

Parents are to understand that their child or youth is responsible for his or her own behavior and they release Clinic leadership Epworth or Emory Grove from any liability for personal injury.

In case of personal injury or illness requiring immediate medical attention, I authorize any of the advisors accompanying my youth to seek or provide medical care for my youth. I authorize any doctor, hospital, or medical care institution or practitioner to provide necessary medical or hospitalization to my youth, a minor, upon request of one of the accompany advisors.

Signed _____
[Parent/Guardian]

Date _____