COLUMBIA YOUTH SPORTS LLC
SHOOTING CLINIC


WHEN: June 16th – 18th
• Session #1 is for grades 1st – 4th and runs from 5-6 pm.
• Session #2 is for grades 5th – 8th and runs from 6-7 pm.

WHERE: Hanford High School

COST: $30.00. Cost includes personal analysis of your shot and how to correct your shot.

Families registering more than one participant will receive an additional 10% discount ($27 per player.)

Reserve your spot today by contacting Evan Woodward by email at: columbiayouthsports@gmail.com or by calling: 531-3757

BE SURE TO BRING YOUR OWN BASKETBALL!
COLUMBIA YOUTH SPORTS LLC
Shooting Clinic
REGISTRATION FORM

Name: ________________________________  Gender: ___  Grade (2014-15): ______
Parent/Guardian: ___________________________  Phone #: ______________
Address: ___________________________________  City: ____________
Email address: _____________________________  Birthdate: _______________

Each participant in the summer league must have a current AAU card to participate. If you
don’t have one, go to: www.aausports.org and sign up.

**AAU card**: (card number: __________________________)

**Cost**: $30 or $27 if signing up more than one participant.

Please make checks payable to: Columbia Youth Sports LLC

Mail your registration form to:
2634 Scottsdale Pl.
Richland, WA  99354

It is required that participants in Columbia Youth Sports LLC Clinics carry insurance for
injury and/or accident.

I have accident/medical insurance that covers my child.
Our Insurance Co. is: ___________________  Policy #: ______________

**Emergency – Information**

Home Phone #: _______________  Work Phone #: _______________
Emergency Contact Person: ____________________  Phone #: _______________
Family Doctor: _______________________  Doctor’s Phone #: ____________

**Parent/Guardian Consent For Participation:**
I hereby give consent for my child to participate in Columbia Youth Sports LLC clinics. My signature indicates
that the above information is accurate and that I understand there is a risk of injury associated with
participation in this activity. In the event of a serious injury and I cannot be reached, the staff has my
permission to seek appropriate medical attention for my child.

Parent/Guardian Signature: ________________________  Date: ____________

If you have any questions or need more information: Call Evan Woodward (531-3757) or
email at columbiayouthsports@gmail.com