COLUMBIA YOUTH SPORTS LLC
SHOOTING CLINIC

WHO: Boys & Girls in grades Kinder – 8th for 2016-17.

WHEN: July 12 & 13
• Session #1 is for grades Kinder – 4th and runs from 5:30-7:00 pm.
• Session #2 is for grades 5th – 8th and runs from 7-8:30 pm.

WHERE: Hanford High School

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

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 (2016-17): ______  
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

Please make checks payable to: Columbia Youth Sports LLC

Mail your registration form to:  
2105 Davison Ave.  
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