



# BASKETBALL CLINIC AGES 4 - 5 AND 6 - 7



Join us for our new basketball clinic for kids ages 4-5 and 6-7. This 6-week program consists of 2 weeks of skills practice and 4 weeks of games. Teams are determined based on residence location, and volunteer coaches are needed for each team. Direct any questions to Julian Madrid at 208-746-2313 or email at [jmadrid@cityoflewiston.org](mailto:jmadrid@cityoflewiston.org).  
**Ages: 4 and 5 And Ages 6 and 7 \*50 participants max per age group**  
**Clinics 2 Saturday's: September 11 and 18 from (11am - 12pm 4-5 Age Group) and (12:15pm - 1:15pm 6-7 Age Group)**  
**Game Days: Wednesday's Nights (4-5 Age Group) and Thursday's Nights (6-7 Age Group)**  
**Clinics and Game Days: Fenton Gym**  
**Cost: \$40 per participant**  
**Coaches Meeting: Wednesday, Sept. 8 @ Lewiston Community Center @ 6pm**  
**Sign up at the Lewiston Community Center**  
**Deadline to sign up is Friday, September 4**

Participant Name: \_\_\_\_\_ School: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any physical problems which should be noted: \_\_\_\_\_

Interested in Volunteer Coaching must be 18+ Background Check Required:  YES  NO

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## PAYMENT METHOD

**Check** Make payable to City of Lewiston  **Cash** **Total:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

**Credit Card:**  Visa  Master  Discover **Name on Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ / \_\_\_\_\_ **CVV Code:** \_\_\_\_\_

*The Lewiston Parks and Recreation DOES NOT provide medical or accident insurance coverage. The participant is responsible. If participant is a minor, parent/guardian is responsible. I/we assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and hold harmless the Lewiston Parks and Recreation for any claim arising out of injury to myself or my/our minor child. I grant the Lewiston Parks and Recreation permission to photograph myself and/or my child/ward and use the photos in displays and promotional materials. This document shall serve as a release for me, my child/ward and our heirs. I have signed this release voluntarily, with full understanding, under perjury, under laws of the State of Idaho.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out and return this form with payment to:  
**Lewiston Parks & Recreation • PO Box 617 mail 1424 Main Street in-person Lewiston, ID 83501**  
**Ph.208.746.2313 • Fx.208.746.9110 • [www.cityoflewiston.org/parksandrec](http://www.cityoflewiston.org/parksandrec)**

The City of Lewiston will make all reasonable modifications to programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures should make a request as soon as possible, but no later than 48 hours before the scheduled event, by contacting: City of Lewiston, Nikki Province, Human Resources Director at 1134 F Street, P.O. Box 617, Lewiston, Idaho 83501 • 208-746-3671 x 6211, Fax: 208-746-1907 • [nprovince@cityoflewiston.org](mailto:nprovince@cityoflewiston.org)