



Our Lady of MOUNT CARMEL ACADEMY

AFTER SCHOOL BASKETBALL SKILLS • WINTER 2012

SIGN UP

To register, complete and mail the registration form below, along with a check, to:

We Got Game

6160 N. Cicero Ave
Suite 307
Chicago, IL 60646

Note: We must receive completed registration form and payment in order for your child to participate.

ROOKIE BASKETBALL SKILLS CLINICS- K-2ND

The rookie program offers repetition and FUNDamentals instruction for each player to allow the player to build a solid foundation. Classes are fun and will include shooting, dribbling, passing along with the basic rules of the game.

AMATEUR BASKETBALL SKILLS CLINICS-3-4TH

This program will prepare players for team play by introducing and enforcing the rules of the game. Triple threat position, using an aggressive first step, team defense, and conditioning will be the focus of instruction. All classes will end with a scrimmage to give players the feel of a game.

Grades	Day	Date	Weeks	Time	Fee
Rookie	Wed	1/18-3/28	11	3:10-4:10	\$154
Amateur	Wed	1/18-3/28	11	4:10-5:10	\$154

We Got Game, LLC is a private organization committed to the athletic and social development of Chicagoland children. We Got Game is dedicated to providing a positive experience for all of our athletes. We build confidence in our athletes and prepare them with knowledge of terms, concepts, sportsmanship and team work. We believe that playing sports is an opportunity for each child to make discoveries about themselves and others outside of the classroom.

REGISTER ONLINE!

@
WeGotGameChicago.com



FOR MORE INFORMATION . . .

Contact Coach Brian Ploof @ 773-685-1682
or CoachBrian@WeGotGameChicago.com

WE GOT GAME REGISTRATION FORM - Basketball Skills Our Lady of Mount Carmel Academy - Winter 2012

CHILD'S NAME: _____ GRADE: _____ ROOM#: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE (in case of emergency): _____ EMAIL: _____

PROGRAM (Circle One): Rookie Amateur

DISMISSAL PROCEDURE - MY CHILD WILL BE PICKED UP BY (Circle One): Parent/Guardian Extended Care

WE GOT GAME reserves the right to cancel a class due to insufficient enrollment. Make all checks payable to **WE GOT GAME**

CONSENT AND WAIVER

I hereby release WE GOT GAME, LLC, their employees and agents from all liability from any injury or illness that may result from my child's participation in the program. I certify that my child is in good physical health and can participate in all activities. In the event that I cannot be reached in a medical emergency, I hereby grant permission to the employees of We Got Game, LLC to act on my behalf.

Parent Signature: _____ Date: _____