



South County High School Athletics Boosters presents

# SCHS GIRLS BASKETBALL Clinic

The South County Girls High School Basketball Program and coaching staff would like to invite all current students between Kindergarten through 8th grade to a morning filled with teamwork and fun!

**\*\* MEET SCHS GIRLS BASKETBALL PROGRAM AND COACHES \*\***

**\*\* LEARN BALL HANDLING, SHOOTING, PASSING, AND MORE \*\***

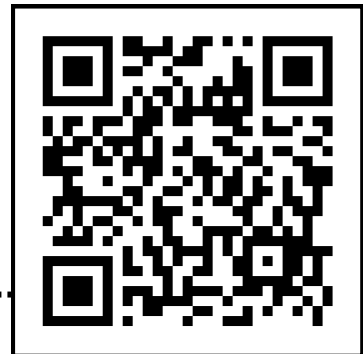
**\*\* MEET STUDENTS FROM NEIGHBORING ELEMENTARY SCHOOLS \*\***

**When:** February 1st, 2025 -- 9:00 am to 11:30 am.

**Where:** South County High School basketball gym - enter at door 12. Doors open at 8:45 am.

**Cost:** \$40 per student.

**WEAR COMFORTABLE CLOTHES AND ATHLETIC SHOES  
BRING A WATER BOTTLE**



**How to register:** Scan the QR code and fill out our registration form.

**Acceptable forms of payment:** Check made to South County Athletic Booster Club and cash. Payment accepted day of the event only.

**REGISTRATION ENDS - JANUARY 29TH, 2025**

For questions or concerns, please contact Coach Roy Wimbush at [rlwimbush@fcps.edu](mailto:rlwimbush@fcps.edu)

# REGISTRATION FORM

Child's First and Last Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Has the child played basketball before (circle one)?      **YES**      **NO**

## MEDICAL CONSENT

I hereby state that my child is in good, normal health and has my permission to participate in ALL activities. In addition, I authorize the South County High School Girls Basketball Staff to act for my child in the event of injury and illness:

Registration requires a parent/legal guardian to sign below agreeing that, in case of an accident involving your child, you release the camp, sponsor, counselors, and director from any and all liability.

Name of Parent/Legal Guardian (Print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

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

## EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

Additional numbers in case of emergency:

## HEALTH INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

## ADDITIONAL INFORMATION

Allergies:

Previous injuries we need to be aware of: