



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 ****

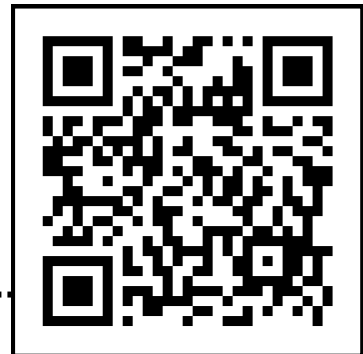
**** MEET STUDENTS FROM NEIGHBORING ELEMENTARY SCHOOLS ****

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

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: