

St. Anthony de Padua Basketball Clinic
Pre-K – 4th Grade



Dear Parents,

St. Anthony Athletics offers a great family oriented program for children in grades Pre-K through 4th. This clinic allows students along with family volunteers to learn the basic skills of the game in a friendly positive environment.

- Sun 02/26; Sundays (and Saturdays possible) in March (Dates/Times TBA) based on # of teams we have
- Game times on Saturday between 10A-3P and game times on Sunday between 1P-6P
- All functions held at our school gymnasium
- Cost: \$15.00/child; (team shirt included in cost)

Please return the completed registration form and participation fee in an envelope marked “Intramural Basketball” to your **child’s teacher by no later than Thursday Feb 2nd** in order for us to have shirts and teams finalized in a timely fashion. Make check payable to St. Anthony’s Athletic Department. Any questions, please call Francisco Martinez at W 236-5144 or C 876-7190.

Children need the following:

- Players should be dressed in comfortable apparel; Gym shoes are okay (basketball shoes not required)
- Please bring water/refreshments for your child

We need your help to make this an enjoyable experience for your child. Please consider volunteering as a coach, assistant, or referee. You do not need to be an expert to be a part of this wonderful experience. **Please indicate on the registration form where you and your family can help. (All volunteers will be required to submit a volunteer/background form along with copy of their driver’s license at the volunteer meeting in order to participate.)** **There will be a meeting at the school gymnasium for those volunteers the morning of February 11th 9-10A in De Padua Hall at gymnasium. Attendance mandatory as coaches will need to contact their team families.** Thank-you in advance for your assistance and participation.

END OF SEASON PARTY:

Please help us plan for this party by supporting our concession stand that will sell snacks and refreshments during all games. Proceeds will help defray the cost of the party.

-----Registration Form-----

Student Name _____

Grade and Teacher _____

Player T-shirt size: Youth: SM MED LG XL Adult: SM MED LG XL

Parent Signature _____ Phone # _____

E-mail address (please include) _____

I WOULD LIKE TO VOLUNTEER AS: COACH___, ASST___, REF___

NAME _____ PHONE# _____