

## 2018 Wildcat Basketball Club Fall Clinic

**WHO:** BOYS GRADES 4<sup>TH</sup> – 8<sup>TH</sup>

**WHEN:** SUNDAY, OCTOBER 21<sup>ST</sup>

**TIME:**

<b>8<sup>th</sup> Grade</b>	<b>10:15-11:45</b>
<b>4<sup>TH</sup>/5<sup>TH</sup> Grades</b>	<b>12:00-1:30</b>
<b>6<sup>th</sup> Grade</b>	<b>1:45-3:15</b>
<b>7<sup>th</sup> Grade</b>	<b>3:30-5:00</b>

**COST:** \$10

**PURPOSE:** Focus on skills that will help WBC players get ready for the upcoming season.



Clinic will be run by  
VAHS Head Boys Basketball Coach Jevin Budde  
Questions: Contact Jevin Budde  
(608) 234-1202 | buddej@verona.k12.wi.us

*Keep this side for your calendar*

## 2018 Wildcat Basketball Club Fall Clinic

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Parent email: \_\_\_\_\_

**Medical Waiver:** In consideration of you accepting this entry, I hereby, for myself, my heirs, executors, and administrators, waive any and all rights and claims for damages I may have against Verona Area School District or its representatives, successors, and assigns for any and all injuries suffered by me or my child while a participant or spectator at the activity indicated above.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Please check the clinic attending:**

\_\_\_\_\_ 8<sup>th</sup> Grade (10:15-11:45)

\_\_\_\_\_ 4<sup>th</sup> and 5<sup>th</sup> Grade (12:00-1:30)

\_\_\_\_\_ 6<sup>th</sup> Grade (1:45-3:15)

\_\_\_\_\_ 7<sup>th</sup> Grade (3:30-5:00)

**Please make checks payable to:**

**WILDCAT BASKETBALL CLUB**

**Detach and mail with check to:**

**P.O. BOX 930403**

**Verona, WI 53593**

**(Registration the day of is okay too)**

*Detach and send back with your payment*