

# 2024 PERFORMANCE BASKETBALL REGISTRATION FORM for

- 8-Week Ball Skills Clinics
- Shooting Clinics
- 6-Week Youth & Advanced Skills Clinics
- Mililani Basketball Clinics

## 1. PLAYER INFORMATION

Name				
Age	Gender		School	
2. FAMILY INFORMAT	ION			
Parent 1 Name	Phone #		Email Address	
Parent 2 Name	Phone #		Email Address	
Street Address	City	State	Zip code	
3. CHOOSE YOUR CLINI	CS:			
8-WEEK BALL SKILLS	S CLINIC - <i>Boys &amp; G</i>	irls Aøes (	9 to 18	
		_	3, 10 (SUNDAYS) (\$215)	
-	<b>D:45 AM</b> @ Sacred He	•	· · · · · · · · · · · · · · · · · · ·	
☐ <b>SPRING:</b> April 7, 1				
<del>-</del>	<b>):45 AM</b> @ Sacred He			
			(SATURDAYS) (\$215)	
	):45 AM @ <i>Mililani-E</i>			
□ <b>SUMMER:</b> June &				
	<b>):45 AM</b> @ Sacred He			
☐ <b>FALL:</b> Sep 8, 15, 2				
	<b>D:45 AM</b> @ Sacred He			
SHOOTING CLINICS			.01119 2011001 09111	
	•		ed Hearts Academy Gym (\$125)	
○ 7:30 AM to			, a real of real agent ( - 100)	
☐ SUMMER CLINIC	3: July 13 & 20 (Satu	ırdavs) @ <i>Mi</i>	ililani-Hanalani Schools Gym <b>(\$125</b>	()
○ 7:30 AM to	•			
☐ <b>FALL CLINIC:</b> Oc	tober 20 & 27 <b>(Sund</b> a	avs) @ Sacr	ed Hearts Academy Gym <b>(\$125)</b>	)
○ 7:30 AM to	•			
6-WEEK YOUTH SKIL	LS CLINIC - <i>Boys &amp;</i>	Girls Age	s 7 to 11	
□ WINTER: Jan 21	•	•		
	30 AM @ Sacred Hea			
SPRING: April 7, 1	14, 21, 28 / May 5, 1	2 (SUNDAY	rs) (\$215)	
- 8:00 AM to 9:	30 AM @ Sacred Hea	arts Acadei	my Gym	
□ SUMMER - MILIL	ANI: June 1, 8, 15, 28	2, 29 / July	y 6 <mark>(SATURDAYS) (\$215)</mark>	
	O AM @ Mililani-Hana			
☐ SUMMER - TOWN:			_	
	O AM @ Sacred Heart	, ,		
☐ <b>FALL:</b> Sep 8, 15, 2	2, 29 / Oct 6, 13 <b>(SU</b> )	NDAYS) (	\$215)	
8:00 AM to 9:3	O AM @ Sacred Heart	ts Academy	y Gym	

# 6-WEEK ADVANCED SKILLS CLINIC - Boys & Girls Ages 12 - 18 □ **SPRING:** April 7, 14, 21, 28 / May 5, 12 (**SUNDAYS**) (\$215) 10:45 AM to 12:15 PM @ Sacred Hearts Academy Gym □ **SUMMER- MILILANI:** June 1, 8, 15, 22, 29 / July 6 (SATURDAYS) (\$215) 10:45 AM to 12:15 PM @ Mililani-Hanalani Schools Gym □ **SUMMER - TOWN:** June 2, 9, 16, 23, 30/ July 7 **(SUNDAYS) (\$215)** 10:45 AM to 12:15 PM @ Sacred Hearts Academy Gym $\square$ FALL: Sep 8, 15, 22, 29 / Oct 6, 13 (SUNDAYS) (\$215) - 10:45 AM to 12:15 PM @ Sacred Hearts Academy Gym MILILANI CLINICS □ Summer YOUTH SKILLS Clinic: June 1, 8, 15, 22, 29 / July 6 (SATURDAYS) (\$215) - 8:00 AM to 9:30 AM @ Mililani-Hanalani Schools Gym □ Summer BALL SKILLS Clinic: June 1, 8, 15, 22, 29 / July 6, 13, 20 (SATURDAYS) (\$215) - 9:30 AM to 10:45 AM @ Mililani-Hanalani Schools Gym Summer ADVANCED SKILLS Clinic: June 1, 8, 15, 22, 29 / July 6 (SATURDAYS) (\$215) - 10:45 AM to 12:15 PM @ Mililani-Hanalani Schools Gym □ SUMMER SHOOTING CLINIC: July 14 & 21 (Saturdays) ## Hanalani Schools Gym (\$125) ○ 7:30 AM to 9:30 AM

#### 4. CONDITIONS FOR ENROLLMENT

I hereby grant permission for my child to attend Performance Basketball Clinics. I understand that as a condition of acceptance, the undersigned, on behalf of all parents and guardians and on behalf of the participant, hereby releases Performance Basketball Clinics LLC, its owner, instructors, or agents from any and all liability for any injuries or illnesses incurred while attending Performance Basketball Clinics.

- I hereby authorize the instructors of Performance Basketball Clinics to act for me according to his/her best judgment in any emergency requiring medical attention for my child.
- The undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.
- I hereby authorize Performance Basketball Clinics LLC to use my child's name & video or photograph at any time & in any manner in connection with its advertising, publicity & public relations programs. Performance Basketball Clinics LLC may only use the video-photo. I will make no further claims.
- Performance Basketball Clinics reserves the right to dismiss any player whose conduct is unsatisfactory. Performance Basketball Clinic sessions are for well-adjusted players who treat others with respect and value each player's right to a positive experience.

### Parent/Guardian Signature

**Date** 

#### 5. PAYMENT

Please make check payable to **Performance Basketball Clinics**. Payment in full is required at the time of registration.

- Mailing Address: 520 Lunalilo Home Road #231, Honolulu, HI 96825
- If paying by **credit card**, please register on-line at the Performance Basketball website: **(www.pbclinics.com)**