



## 2025 PERFORMANCE BASKETBALL REGISTRATION FORM for

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

### 1. PLAYER INFORMATION

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Name

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Age

Gender

School

### 2. FAMILY INFORMATION

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Parent 1 Name

Phone #

Email Address

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Parent 2 Name

Phone #

Email Address

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Street Address

City

State

Zip code

### 3. CHOOSE YOUR CLINICS:

#### 8-WEEK BALL SKILLS CLINIC - *Boys & Girls Ages 9 to 18*

- WINTER:** Jan 19, 26 / Feb 2, 9, 16, 23 / March 2, 9 (**SUNDAYS**) (**\$215**)
  - **9:30 AM to 10:45 AM** @ Sacred Hearts Academy School Gym
- SPRING:** March 30 / April 6, 13, 19, 27 / May 11, 18, 25 (**SUNDAYS** except 4/19) (**\$215**)
  - **9:30 AM to 10:45 AM** @ Sacred Hearts Academy School Gym
- SUMMER:** June 14, 21, 28 / July 5, 12, 19, 26 / August 2 (**SATURDAYS**) (**\$215**)
  - **9:30 AM to 10:45 AM** @ *Mililani-Hanalani Schools Gym*
- SUMMER:** June 15, 22, 29 / July 6, 13, 20, 27 / August 3 (**SUNDAYS**) (**\$215**)
  - **9:30 AM to 10:45 AM** @ Sacred Hearts Academy School Gym
- FALL:** Sep 7, 14, 21, 28 / Oct 5, 12, 19, 26 (**SUNDAYS**) (**\$215**)
  - **9:30 AM to 10:45 AM** @ Sacred Hearts Academy School Gym

#### SHOOTING CLINICS - *Boys & Girls Ages 7 to 18*

- SPRING CLINIC:** May 18 & 25 (**Sundays**) @ Sacred Hearts Academy Gym (**\$125**)
  - **7:30 AM to 9:30 AM**
- SUMMER CLINIC:** July 26 & August 2 (**SATURDAYS**) @ *Mililani-Hanalani Gym* (**\$125**)
  - **7:30 AM to 9:30 AM**
- FALL CLINIC:** October 19 & 26 (**Sundays**) @ Sacred Hearts Academy Gym (**\$125**)
  - **7:30 AM to 9:30 AM**

#### 6-WEEK YOUTH SKILLS CLINIC - *Boys & Girls Ages 7 to 11*

- WINTER:** Jan 19, 26 / Feb 2, 9, 16, 23 (**SUNDAYS**) (**\$215**)
  - **8:00 AM to 9:30 AM** @ Sacred Hearts Academy Gym
- SPRING:** March 30 / April 6, 13, 19, 27 / May 11 (**SUNDAYS** except 4/19) (**\$215**)
  - **8:00 AM to 9:30 AM** @ Sacred Hearts Academy Gym
- SUMMER - MILILANI:** June 14, 21, 28 / July 5, 12, 19 (**SATURDAYS**) (**\$215**)
  - **8:00 AM to 9:30 AM** @ *Mililani-Hanalani Schools Gym*
- SUMMER - TOWN:** June 15, 22, 29 / July 6, 13, 20 (**SUNDAYS**) (**\$215**)
  - **8:00 AM to 9:30 AM** @ Sacred Hearts Academy Gym
- FALL:** Sep 7, 14, 21, 28 / Oct 5, 12 (**SUNDAYS**) (**\$215**)
  - **8:00 AM to 9:30 AM** @ Sacred Hearts Academy Gym

## 6-WEEK ADVANCED SKILLS CLINIC - Boys & Girls Ages 12 - 18

- SPRING:** March 30 / April 6, 13, 19, 27 / May 11 (**SUNDAYS except 4/19**) (**\$215**)
  - **10:45 AM to 12:15 PM** @ Sacred Hearts Academy Gym
- SUMMER- MILILANI:** June 14, 21, 28 / July 5, 12, 19 (**SATURDAYS**) (**\$215**)
  - **10:45 AM to 12:15 PM** @ Mililani-Hanalani Schools Gym
- SUMMER - TOWN:** June 15, 22, 29 / July 6, 13, 20 (**SUNDAYS**) (**\$215**)
  - **10:45 AM to 12:15 PM** @ Sacred Hearts Academy Gym
- FALL:** Sep 7, 14, 21, 28 / Oct 5, 12 (**SUNDAYS**) (**\$215**)
  - **10:45 AM to 12:15 PM** @ Sacred Hearts Academy Gym

## MILILANI CLINICS

- Summer YOUTH SKILLS Clinic:** June 14, 21, 28 / July 5, 12, 19 (**SATURDAYS**) (**\$215**)
  - **8:00 AM to 9:30 AM** @ Mililani-Hanalani Schools Gym
- Summer BALL SKILLS Clinic:** June 14, 21, 28 / July 5, 12, 19, 26 / Aug 2 (**SATURDAYS**) (**\$215**)
  - **9:30 AM to 10:45 AM** @ Mililani-Hanalani Schools Gym
- Summer ADVANCED SKILLS Clinic:** June 14, 21, 28 / July 5, 12, 19 (**SATURDAYS**) (**\$215**)
  - **10:45 AM to 12:15 PM** @ Mililani-Hanalani Schools Gym
  
- SUMMER SHOOTING CLINIC:** July 26 & August 2 (**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.

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**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](http://www.pbclinics.com))