

2019 YOUTH BASKETBALL CLINICS



\$25.00 fee payable to: MONTICELLO BERNDES CENTER

**REGISTRATION DATES: TBD

LATE REGISTRATION FEE: \$5/PLAYER after OCTOBER 31ST, 2019

Please return completed form and payment to the Monticello Berndes Center 766 N. Maple Street, Monticello, IA 52310

Child's Name	:					
Street Addres	s:					
Grade:	Age:	Gender (Circle): BOY	GIRL	League (Circle)	e): 3 RD -4 TH 5 TH -6 TH	
*Clinics will b 16 th with game		lay evenings (November 4, 13	1, 18, 25, I	December 2, 9) and v	vill wrap up December	
Parent/Guard	ian Name:				_	
Cell Phone:		Home Phone:		Email Address:		
Interested in h	nelping with cli	nics/games? YES A	ASSIST	NO		
	aches or other pla	nild, agree not to hold the City o yers liable in the event of an acc			-	
Parent/Guard	lian Signature:		Dat	re:	-	
*Individual and To All individual and taken.		our department will be taken by a 3 rd par	rty. Ordering	will be done through them	at the time the photos are	

*Registration Policy

Registration forms must be completed, signed and fee paid in full before registration will be accepted. A parent or legal guardian must register any child under age 18. There are no refunds after the first scheduled session (practice/clinic/game) unless cancelled by Parks and Recreation staff. Refunds prior to the first session are assessed a \$5 processing fee.

*Photo & Video Release

On occasion, our Parks and Recreation staff may photograph or videotape participants at Parks and Recreation programs, events and activities. These photos or videos are for department use and may be duplicated in City publications, flyers, brochures, news releases, video production, Facebook and City website.