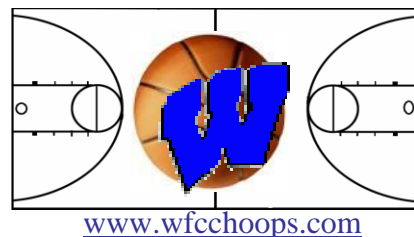


**RIGHTSTOWN  
FULL-COURT  
CLUB**



## **“YOUNG TIGERS” Basketball 2014 Program**

**For Boys & Girls in Kindergarten through 4<sup>th</sup> grade**

**Emphasis:** The main emphasis of the program will be to develop and enhance the basic fundamentals of basketball. We will concentrate on form shooting, dribbling, and passing along with an emphasis on team play through game situations. The Young Tigers Program is a great basketball opportunity for your child to learn and enjoy the great game of basketball. **Having fun will certainly be the top priority!**

**Directors:** High School Boys & Girls Basketball Players along with the Coaching Staff

**Volunteers:** Please help supervise/coach your child's team by checking the box below

**Dates:** All Dates are on Saturdays: **November 15, 22, 29, December 6, 13, and 20**

**Times:**

Kindergarten:	8:30-9:40 am
1 <sup>st</sup> and 2 <sup>nd</sup> grade:	9:50-11 am
3 <sup>rd</sup> and 4 <sup>th</sup> grade:	11:10 am-12:20 pm

**Where:** All sessions will take place at the Wrightstown High School Fieldhouse

**Program Cost:** \$35.00 per player (fee includes Young Tigers T-shirt) Payable to: **WFCC**

Entry deadline is **October 24, 2014** (please one child per form)

**Child's Name** \_\_\_\_\_ ☐ Female ☐ Male

**Grade in 2014-2015 School Year** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Shirt Size** (check one size please) \_\_\_\_\_ **Phone** \_\_\_\_\_

☐ Youth Medium ☐ Youth Large ☐ Adult Small ☐ Adult Medium ☐ Adult Large

☐ **Yes, I am interested in assisting with my child's team by volunteering to help at Young Tigers**

I hereby authorize the Program Directors or any other coach to act for me according to his/her best judgment in any emergency requiring medical attention. I hereby waive and release the program staff, Wrightstown Full Court Club, and the Wrightstown School District from any and all liabilities for any injury and/or illness incurred while at Young Tigers. I have no knowledge of any physical impairment that would affect my child's participation in this program.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please detach, mail, and make checks payable to:**

**Wrightstown Full-Court Club (WFCC)  
c/o Jim & Kathy Hansen  
30 Golden Wheat Lane  
Wrightstown, WI 54180**