

# Youth Basketball Clinics

At

## Bendheim Western Greenwich Civic Center For Children 5 – 10 years of age

**Registration:** Tuesday, January 2, 2018– BY MAIL ONLY  
**Should not be postmarked prior to January 2**

Walk in registration at BWGCC begins Monday, January 8 until filled.

**Location:** Bendheim Western Greenwich Civic Center Gym  
449 Pemberwick Road

<b>Session 1</b>	Ages 5 and 6	3:45 - 4:30 pm
<b>Session 2</b>	Ages 7 and 8	4:30 - 5:15 pm
<b>Session 3</b>	Ages 9 and 10	5:15 - 6:00 pm

**Session Dates: Thursdays; January 25, February 1, 8, 22, March 1 and 8.** No class Feb. 15; Snow Make up March 15.

**Fee for 6 Weeks: \$110.00**

Make checks payable to "John Czarnecki" and mail to the address below.

John Czarnecki has coached Town basketball teams at many experience levels including; GHS Varsity, JV and freshman, as well as Flame, Boys and Girls Club travel, and GBA teams. Coach Czar currently works with high school players and travel teams to improve their game, and he runs our youth basketball programs at Bendheim Western Greenwich Civic Center.

In this clinic Coach Czar will teach fundamental basketball to the children. Using baskets 6 to 10 feet high (depending on the children's age), he will teach your child the proper way to shoot a basketball, how to dribble, pass, play defense and, most of all, how to have fun playing this popular sport.

**Please complete the registration form and send with payment to:**

**Bendheim Western Greenwich Civic Center  
449 Pemberwick Road  
Greenwich, CT 06831  
Attn: Youth Basketball**



# Youth Basketball Registration Form

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_ Session \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**\$ 110.00 per child**

Total Enclosed - \$ \_\_\_\_\_

Make checks payable to "John Czarnecki" **(No refunds)** and send with registration form to the  
Bendheim Western Greenwich Civic Center, 449 Pemberwick Road, Greenwich, CT 06831  
**Attn: Youth Basketball Clinics**

Are there any physical limitations, allergies, or physical conditions the staff should be aware of?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain below:

\_\_\_\_\_  
\_\_\_\_\_

I, the participant or parent/legal guardian of the above named child, do hereby give my permission for my/his/her participation in activity entered above. I assume all risks and hazards incidental to such participation, including transportation to and from all activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless for myself and/or the above named child, the Town of Greenwich, coaches, the organizers, participants and person transporting child.

Please Print Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Adult Participant or Parent/Guardian

Date \_\_\_\_\_