



2022 “Hoop It Up” Basketball Clinics Registration

Registration is open February 28 through April 1, 2022 for weekly basketball skill-building classes to be held on Thursday evenings, April 14 through May 5, 2022 at Union Grove Elementary School. Sign-up online at uniongrove.net/rec or by submitting this form with registration fee to the Union Grove Village Offices, 925 15th Ave. Normal office hours are Monday-Friday 8 a.m. to 4:30 p.m. Registrations and payment (check only) can also be mailed to Village of Union Grove, 925 15th Ave., Union Grove, WI 53182. Registration fee is \$45.00 per child. For questions, contact Ryan Thompson at (262) 902-7917.

Section A. League Selection:

- Young Ballers (Ages 3-5)** – Introduce your child to the sport of basketball through games, drills and skill development. Young Ballers start at 5:00 p.m., spend 30 minutes on skill development and finish with a 15-minute scrimmage.
- Beginners (Ages 6-8)** – For children who are new or newer to the sport and want to increase their skills and development. Beginners start at 5:50 p.m., spend 30 minutes on skill development and finish with a 15-minute scrimmage.
- Intermediate/Advanced (Ages 9-11)** – Designed for children already playing the sport who want to develop more specific skills. Start at 6:40 p.m., spend 30 minutes on skill development and finish with a 15-minute scrimmage.

Section B. Participant Information:

Name: _____ Parent Name: _____
Age: _____ Current Grade: _____ Gender: _____ Phone: _____
Address: _____ City: _____
Date of Birth: _____ School: _____
E-mail Address: _____

Section C. Agreement and Signature

By signing this form, I agree to register my child for this recreation program. I understand the program is offered on a voluntary basis to provide recreation activities for children in the area. I know that transportation is my responsibility. I understand I am responsible for injuries or illness associated with this program.

I also understand the refunds policy: Refunds will be made upon request of a registered participant (or parent/guardian) up until the start date of the scheduled program. A \$5.00 service fee will be charged on all refunds provided. In the event a program is canceled, registered participants will be notified and will receive a full refund.

Parent/Guardian Signature: _____ Date: _____

This Section for Office Use Only:

Date Filed: _____ Amount Paid: _____ Cash: _____ Check #: _____ Received by: _____