

# 2025 Slidell Greyhound



## BASKETBALL CLINIC

### Incoming 1<sup>st</sup> – 9<sup>th</sup> Grade

### Boys and Girls



**Monday, June 16<sup>th</sup> – Wednesday, June 18<sup>th</sup>**

**Camp Fee: \$30.00**

Checks payable to Slidell ISD or cash accepted.

**1<sup>st</sup> – 5<sup>th</sup> Grade**

(Grade based on next school year)

**Time: 8:00 AM-11:00 AM**

**6<sup>th</sup> – 9<sup>th</sup> Grade**

(Grade based on next school year)

**Time: 12:00 PM – 4:00 PM**

- ◆ Doors to the Gym will be open daily at 7:30 AM.
- ◆ We will offer a concession stand with drinks and snack items for purchase.
- ◆ We offer multiple child discounts. Please contact Coach Pierce for information.
- ◆ For further information please email [cpierce@slidellisd.net](mailto:cpierce@slidellisd.net) or call (940) 535-5260 Ext. 247

### REGISTRATION FORM

#### PLEASE PRINT:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade 2025-2026: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

T-SHIRT SIZE (circle one):    YS    YM    YL    AS    AM    AL    AXL    AXXL

All players will receive instruction on individual skills as well as team skills.

All players will be taught the proper techniques in the following skill areas:

- Dribbling    • Passing    • Shooting    • Defense
- Blocking Out    • Team Concepts in Offense & Defense

### Release Form

I hereby consent to emergency medical treatment by the Slidell Basketball Camp, and appoint the camp director to act in my behalf in authorizing emergency medical attention beyond that maintained by the camp. I hereby waive and release the camp from any and all liability for injuries while at the camp or arising from travel to and from camp. Camp will not be responsible for medical costs.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_