



Waukee Youth Basketball Skill Development



Who: 4th – 7th grade boys
Where: Waukee Field House
Time: 6:30 – 7:30 PM
Session 1: March 25,
April 1, 8, 15, 22, & 29

In continuation of the Waukee Youth Basketball League, varsity boys' basketball Coach Justin Ohl, Adam Emmenecker, and Jason Bauer are offering weekly skill development sessions.

Each session will be led by Adam Emmenecker and his staff, with instruction also coming from other players and coaches.

Skill Development is open to boys looking for a high-intensity environment to improve their skills.

Instructors will focus on

1. Fundamentals
2. Ball skills
3. Footwork
4. Shooting

Cost: \$100 per participant for 6 sessions or \$20 per session a la carte (please provide advanced notice).

Visit WaukeeHoops.com for more information and sign up.

Waukee Youth Basketball Skill Development Waiver

General Information

Child Name _____

Parent/Guardian Name _____

Address _____

City _____ State ____ Zip _____

E-mail _____

Date of Birth _____ Age _____

Grade (current) _____

School _____

Emergency Contact

Primary Contact Name _____

Home Phone _____ Cell Phone _____

Secondary Contact Name _____

Home Phone _____ Cell Phone _____

Medical Conditions we should be aware of:

Waiver Agreement

I grant permission to the staff of the Waukee Youth Basketball to act on my behalf for my child in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In event I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician. In addition, I hereby release the Waukee Youth Basketball, its employees and agents from all claims on account of any injuries which may be sustained by my child while traveling to, participating in and returning from the camp. I also agree to indemnify the Waukee Youth Basketball, its employees and agents from any claim which may hereafter be presented by my minor child as a result of illness or accident while my child is at Waukee Youth Basketball.

Parent/Guardian signature

Date

Please return this form with your deposit or full payment to:

Waukee Boys Basketball
c/o Waukee High School
555 SE University Ave.
Waukee, IA 50263

*Please make checks payable to: "Waukee Boys Basketball"