

KINDER CLINICS Basketball

(208) 678-6879 Email: jvanbiezenotrd@gmail.com

WED Nights

5-5:45PM

Sept-Oct

ONE PLAYER PER FORM

Fee \$30.00 district members \$40.00 non-members

(Please make checks payable to: OTRD)

Register and Pay Online @ www.otrd.org

-or- Drop Form and Payment off at Hat N Sole

**Last Day
to Sign
Up
8/10/25**

Players Name: _____

Age on 9/1/2025: _____ Birth Date: ____/____/____ School: _____

Grade (circle one): Pre-K Kindergarten

Parent/Guardian's Names: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____ Zip _____

Email: _____

Any Medical Condition we need to be aware of? _____

Shirt sizes

(Circle one)

YS 6-8

YM 10-12

YL 14-16

AS

AM

AL

AXL

Would you like to help at the clinics? Yes No (Circle One)
Will you sponsor (\$100)? Yes No (Circle One)

(OTRD is a Non-Profit Organization)

Name of Sponsor: _____

AGREEMENT, WAIVER AND RELEASE: In consideration for allowing my child or legal ward to participate in the above OTRD activity, I DO HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE THE OTRD, their agents and assigns from all liability, claims or demands on account of any injury to said minor or damage to or loss of property while traveling to, participating in or attendance at any OTRD activity. It is my understanding that there is no insurance coverage provided by the OTRD and ALL PARTICIPANTS ASSUME THE RISK OF ACCIDENTS AND INJURIES inherent in OTRD activities. I also, give permission to Oregon Trail Recreation District, sponsors, and partners to use my likeness, photo, video, name, voice, and words in the newspaper, website or appear in any public forums.

Signature _____ Date _____

(ONLY A PARENT OR LEGAL GUARDIAN MAY GIVE PERMISSION FOR A CHILD TO PLAY)

KINDER CLINICS will start Mid September and will be on Wednesdays 5:00-5:45PM

Kids will have fun learning basic skills and drills of the game of basketball. Boys and Girls 4 years old to Kindergarten

Cash

Check # _____