



Chautauqua Lake "Shooting Stars" 2024 Youth Girls Basketball Program

*WEEKLY SKILLS CLINIC TO LEARN AND DEVELOP THE
FUNDAMENTAL SKILLS OF THE GAME*

DATES

Wednesday, January 10th, 2024

Wednesday, January 17th, 2024

Wednesday, January 24th, 2024

Wednesday, January 31st, 2024

Wednesday, February 07th, 2024

Wednesday, February 14th, 2024

TIME

6:00 pm to 7:30 pm - Middle School Gym



Grade Levels

Current 2nd-6th Grades

At the clinic, 2nd-4th & 5th-6th will be divided into separate groups when appropriate.

Clinic Coaches

Kathy Machermer, Sarah Burnett, Mike Burnett, Mike Knight: Lake Lady Navigators Girls Youth Basketball Program Coaches

Assisted by:

Mike Putney, Chautauqua Lake Varsity Girls Basketball Coach, Chelsea Vincent, Chautauqua Lake JV Girls Basketball Coach, Melanie Cannon, Chautauqua Lake Girls Modified Coach & the Chautauqua Lake girls teams when available

How to Register:

Please bring your registration form, with your \$20 registration fee, to the opening day session on January 10th. Checks can be made payable to the *Thunderbird Athletic Club*.

Questions:

Contact Chautauqua Lake Athletic Director Bryan Bongiovanni at bbongiovanni@clake.org.

"SHOOTING STARS"
SIGN UP / REGISTRATION FORM

Player's Name:	
Current Grade Level:	Date of Birth:
Age:	Address
Medical Concerns/Restrictions:	Level of Experience <i>(Years in Shooting Stars program, other basketball camps, programs, etc)</i>
Parent/Guardian Name(s):	Parent/Guardian Phone Number:
Parent Email:	Emergency Contact Name & Phone Number:

***Fees:** \$20.00 registration. \$10.00 for each additional sibling.*

Please fill out a separate form for each child. There is a **no refund policy** on all registrations.

Please make checks payable to "**Thunderbird Athletic Club**".

Please circle one:

Shirt Size: YOUTH S- M- L ADULT S- M- L

All parents, spectators, family members and participants are reminded that the Clinic has a Code of Conduct which states: "The youth basketball clinic will not permit unsportsmanlike conduct or any conduct which is considered detrimental to the best interest of its participants."

I hereby give my child permission to participate in the "Shooting Stars Youth Basketball" program and will abide by the clinic rules, Code of Conduct, and regulations.

Parent Signature:	Date:
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