

TREC BASKETBALL CLINIC 2025

Offered To: Boys & Girls ages 6-12

Registration: May 1st - May 31st OR Until All Spots are Filled

Limited Spots Available-75 Kids Daily

Dates: July 14th - July 17th 9:00am-3:00pm

Fee: \$40 / Late Fee: \$50

Concessions: Snacks & lunch will be sold daily (menu TBA).

Optional to bring own snacks & lunch

Location: Warren J Harang Municipal Auditorium

SPECIAL NEEDS ONE DAY CLINIC

Offered to: Special Needs Boys & Girls ages 6 & up

Registration: May 1st - May 31st

Date: July 18th 9:00am-3:00pm

Fee: NO CHARGE

Location: Warren J Harang Municipal Auditorium

- Register online by debit/credit card <https://peltierpark.recdesk.com/Community/Program>
- Register in person at the Peltier Park Recreation Building (Monday-Friday 8:00am-4:00pm)

Cash, Check, or VISA-MC Accepted; Checks payable to City of Thibodaux

- Print registration form at <https://ci.thibodaux.la.us/Departments/PR>

Mail form with check to PO Box 5418 Thibodaux, LA 70302

*****POSTMARK NO LATER THAN 05/31/25*****

Any Questions? Call Recreation Dept. 985-446-7235

TREC BASKETBALL CLINIC

PLAYER INFORMATION

LAST NAME:	FIRST:	MIDDLE INITIAL:
DATE OF BIRTH:	AGE (AS OF 07/31/2025) :	SEX:
ADDRESS:	CITY:	ZIP:
SHIRT SIZE: YOUTH SIZES: <input type="checkbox"/> YXS (2-4) <input type="checkbox"/> YS (6-8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16) ADULT SIZES <input type="checkbox"/> AS (34-36) <input type="checkbox"/> AM (38-40) <input type="checkbox"/> AL (42-44) <input type="checkbox"/> AXL (46-48) <input type="checkbox"/> A2XL (50-52)		
LIST ANY MEDICAL PROBLEMS OF THE PLAYER: _____ DOCTOR TO NOTIFY FOR EMERGENCY: _____ PERSON TO NOTIFY FOR EMERGENCY: _____		

PARENT / GUARDIAN INFORMATION

NAME:

CONTACT #:

CONTACT #:

EMAIL:

PARENT / GUARDIAN INFORMATION

CONTACT #:

CONTACT #:

EMAIL:

CODE OF CONDUCT

- Code of conduct applies to everyone, including parents and spectators, who participates in any activity sponsored by the Recreation Department of the City of Thibodaux.
1. No alcoholic beverages or illegal drugs are permitted on the premises (buildings, playgrounds, parking lots, and on and near baseball fields).
 2. All participants -- players, parents, coaches, and sponsors -- should behave in a polite and sportsmanlike manner and respect the authoritative decision of an official. Abusive language and cursing is prohibited.
 3. No one shall hit another person before, during, or after activity.
 4. No one shall deliberately damage Recreation Department equipment.
 5. Any person violating any rule will be temporarily or permanently banned from all Recreation Department activities.

PARENTAL AUTHORIZATION

I, parent or guardian of the above-named candidate for a position in above-mentioned basketball program, hereby give approval to his/her participation in any and all league activities during the current season to include practice prior to season and tournament participation after current season. I assume all risks and hazards incidental to such participation in activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, governing board, the organizers, sponsors, umpires, supervisors and participants in such activities, for any claim arising out of an injury to the individual, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the individual become ill or injured while participating in league activities away from home, or at any other times when neither parent is available to grant authorization for emergency treatment.

I am aware that this is an active and many times contact sport, and there is a possibility of injury as well as possible serious and permanent damage to the individual. Knowing this, I give my permission for my son/daughter to participate in the City of Thibodaux Program.

Print or Type Name of Parent or Guardian

Relationship

Signature

Date

OFFICIAL USE ONLY:

☐ CASH

☐ CHECK-_____

☐ CREDIT-_____

CHECK PAYABLE TO: CITY OF THIBODAUX - MAIL-INS MUST BE POSTMARKED NO LATER THAN MAY 31, 2025

REGISTRATION FEE \$40 - ALL REGISTRATION FEES ARE NON-REFUNDABLE, UNLESS PROGRAM IS CANCELED.