## 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 18<sup>th</sup> 9:00am-3:00pm

Fee: NO CHARGE

**Location:** Warren J Harang Municipal Auditorium

- Register online by debit/credit card <a href="https://peltierpark.recdesk.com/Community/Program">https://peltierpark.recdesk.com/Community/Program</a>
- Register in person at the Peltier Park Recreation Building (Monday-Friday 8:00am-4:00pm)
   Cash, Check, or VISA-MC Accepted; Checks payable to <u>City of Thibodaux</u>
  - Print registration form at <a href="https://ci.thibodaux.la.us/Departments/PR">https://ci.thibodaux.la.us/Departments/PR</a>

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

DATE OF BIRTH:  AGE (AS OF 07/31/2025):  ADDRESS:  CITY:  SHIRT SIZE: YOUTH SIZES: [] YXS (2-4) [] YS (6-8) [] YM (10-12)  ADULT SIZES [] AS (34-36) [] AM (38-40) [] AL (42-44)  [] AZXL (50-52)  LIST ANY MEDICAL PROBLEMS OF THE PLAYER: DOCTOR TO NOTIFY FOR EMERGENCY: PERSON TO NOTIFY FOR EMERGENCY: PERSON TO NOTIFY FOR EMERGENCY:  PARENT / GUARDIAN INFORMATION  NAME:  CONTACT #:  Light and cursing is problemed.  A laparticipatis - players, parents, cosches, and spectators, who participates in any activity son-sored by the Re in the premises for the premises of the premises for the premise	SEX: ZIP:
SHIRT SIZE: YOUTH SIZES: [] YXS (2-4) [] YS (6-8) [] YM (10-12)  ADULT SIZES [] AS (34-36) [] AM (38-40) [] AL (42-44) [] AZXL (50-52)  LIST ANY MEDICAL PROBLEMS OF THE PLAYER: DOCTOR TO NOTIFY FOR EMERGENCY: PERSON TO NOTIFY FOR EMERGENCY: PERSON TO NOTIFY FOR EMERGENCY: PERSON TO NOTIFY FOR EMERGENCY:  CONTACT #:	
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Print or Type Name of Parent or Guardian	reby give approval to his/her participation in any and eason. I assume all risks and hazards incidental to such league organization, governing board, the organization to the extent and in the amount covered by accide the reference of the extent and in the amount covered by accide the neither parent is available to grant authorization of
Signature	Relationship
signature	Relationship
OFFICIAL USE ONLY: [ ] CHECK[	
CHECK PAYABLE TO: CITY OF THIBODAUX - MAIL-INS MUST BE POSTMARK	Relationship