

**Basketball League**  
**1<sup>st</sup>-2<sup>nd</sup> Boys**



*Please Return to City Hall 121 1<sup>st</sup> St SW*

<b>Who:</b>	<b>Youth Grade 1<sup>st</sup>-2<sup>nd</sup></b>
<b>When:</b>	<b>Nov. 8<sup>th</sup> - Jan. 24<sup>th</sup></b> <b>Saturday Dates: Nov. 12<sup>th</sup>, Nov. 19<sup>th</sup>, Dec. 3<sup>rd</sup>,                  Dec. 17<sup>th</sup>, Jan. 7<sup>th</sup>, Jan. 21<sup>st</sup></b>
<b>Time:</b>	<b>Tuesday's 6:00-6:45, Saturday 10:30-11:15</b>
<b>Location:</b>	<b>Clarion Middle School Multi-Purpose Gym.</b>
<b>Cost:</b>	<b>\$25.00</b>

*Any questions email Scott Simmons @ [ssimmons@clarioniowa.gov](mailto:ssimmons@clarioniowa.gov)*

**2022 1<sup>st</sup>-2<sup>nd</sup> Boys Basketball League**

Participants Name: ----- Grade:-----

Shirt Size:----- Email Address:-----

Phone Number:----- Would you be interested in coaching? Yes NO

I voluntarily waive claim against Clarion Recreation Department, Commission, City Officials, all employees, and volunteers for all liability, even if caused by negligence of the released party in connection with the program by granting permission for my child to participate.

Parent Signature: -----

Date: -----