

SPASH HOOPS

Girl's Basketball in the Stevens Point Area



Girls Might Mite Instructional Basketball League

Girls are invited to join SPASH varsity girls coach Dave Hauser for Mighty Mites which is a fun instructional basketball league. Each week the girls will have a 30-45 minute practice with their coach. Practice will include skill games and offense and defense concepts. Following practice the girls will play in a game, where playing time will be equal. We are in need of parent coaches to help coach the league, so please check the box at the bottom if you can help. A weekly practice schedule will be provided for you. This league will help the girls develop basic skills and prepare them for travel basketball.

WHO: Girls in 3rd and 4th grade

WHEN: Saturday morning starting 8am-9:15am or 9:30-10:45am

Dates for the program are November 6, 13, 20, 27 and December 4, 11, 18

WHERE: TBD after district site approval

COST: \$20 (fee includes T-shirt)

*The November 6th session will be an instructional clinic. (8:30am-10:30am)

HOW TO JOIN: Send fee and registration form to: SPASH Girls Hoops Club – Attn: Mighty Mites

(Make checks payable to: Hoops Club)

PO Box 556

Stevens Point, WI 54481

Questions or concerns contact Dave Hauser at 715-498-3544 or dhauser@wisp.k12.wi.us

Player Name: _____ Parents Name(s): _____

Grade: _____ School: _____ HT _____ Birthday: _____

Phone: _____ Mom's Cell _____ Dad's Cell _____

Best contact number and person to call: _____

Address: _____ City: _____ State: _____ Zip: _____

Internet Access: YES or NO (circle one) Email _____

(Any schedule changes may be sent via e-mail)

T-Shirt Size: ADULT or YOUTH (M or L only)

Circle Size: S M L XL XXL

Parent Coaching Opportunities (Check the appropriate boxes)

Are you interested in being a coach

Head Coach

Assistant Coach

Parents Statement: I hereby authorize the directors of the Hoops Club to act for me according to their best judgment in any emergency requiring medical attention. I accept full financial responsibility for liability and cost of treatment for any injury.

Name of insurance Co. _____ **policy #** _____

Signature of parent/guardian: _____ Date: _____