

# SPASH HOOPS

Girl's Basketball in the Stevens Point Area



## Girls Mighty Mite Instructional Basketball League

Girls are invited to join SPASH varsity players & 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 3<sup>rd</sup> and 4<sup>th</sup> grade

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

Dates for the program will be in November and December

**WHERE:** TBD after district site approval

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

\*The first session in November 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](mailto: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 Circle: YOUTH M or L only OR ADULT S M L or XL**

### 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: \_\_\_\_\_