

Washington Community Bank Presents Tournament of Champions Youth Basketball Clinics

Wednesday, November 24th

[Washington Middle School](#)



**Washington
Community
Bank**

Member
FDIC

A Division of **Morton Community Bank**

All clinic participants will receive 60 minutes of instructional stations led by local coaches with the assistance of players and coaches from teams participating in the Kevin Brown Memorial Tournament of Champions. All participants will also receive a clinic shirt that will get them free access to every session of the TOC and an opportunity to get autographs and have photos taken with players after their clinic session. Clinic is open to boys and girls 1st-8th grades.

Be sure to come to the Tournament of Champions games on Wednesday, November 24th where all clinic participants will be recognized prior to the Washington game that begins at 8:00PM. Participants need to arrive by 7:30PM and can report to the area between the concession stand and the gym floor.



Clinic format - stations

- Ball handling
- Dribbling
- Rebounding/post moves
- Layups
- Shooting/Form shooting
- Defense

Times	Registration Code	Cost(per child)	Grades
9:00AM-10:00AM session	4-5250-21-B	\$25	1 st -8 th boys & girls
10:30AM-11:30PM session	4-5250-21-C	\$25	1 st -8 th boys & girls

Sign up in person at the Washington Park District at 105 S. Spruce St. or online at www.washingtonparkdistrict.com

All proceeds from this clinic will go to the KB Strong Foundation

Washington Community Bank Tournament of Champions Clinic

Please return this form with your payment.

Child name _____

Address _____

City _____

State _____ Zip _____

Shirt Size: _____

Parent name: _____

Phone: _____

Email: _____



Please read this form carefully and be aware that in signing up and participating in the Tournament of Champions, Washington Community High School, and Washington Park District programs, you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program.

“As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.” “I agree to waive and relinquish all claims I may have as a result of participating in the program against the Tournament of Champions, Washington Community High School, Washington Park District and its officers, agents, servants and employees.” “I do hereby fully release and discharge the Tournament of Champions, Washington Community High School, Washington Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of my participation.”

“I further agree to indemnify and hold harmless and defend the Tournament of Champions, Washington Community High School, Washington Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.”

Photos and video are periodically taken of participants, during this Tournament of Champions, Washington Community High School, and Washington Park District special event. Please be aware these photos and video footage are for the Tournament of Champions, Washington Community High School, and Washington Park District use only and may be used in our marketing & advertising efforts including, but not limited to, any publications, articles and the website. All photos are the property of the Tournament of Champions, Washington Community High School, and Washington Park District.

Parent Signature

Date