



I.S.D. 273 Edina Community Education

Presents

# Super Shooters Basketball Clinic

Saturdays, February 18th – March 10th, 2012

Edina Community Center

9:30 a.m. – 11:30 a.m.

Boys & Girls Ages 7 - 12

Course 213-BB

Cost: \$74.00

\*\*We play on 10-foot baskets\*\*

Instructed by:

## Experienced Coaches From Lynch Camps

- Ratio of 1 coach per 10 participants
- We will work on ball handling & shooting fundamentals
- Clinic will include: Shooting games such as Hot Shot, Shooting League and more

Participants will learn basic skills and techniques, cultivate self-esteem and encourage teamwork and fair play, all in a fun and challenging environment.

Call 952-583-7943 for more information.  
Or visit us at [www.Lynchcamps.com](http://www.Lynchcamps.com)

Walk-in registrations will be accepted. To ensure that your child receives a t-shirt, pre-registration is recommended.

### How to Register

**Online:** [www.edina.thatscommunityed.com](http://www.edina.thatscommunityed.com)

**Mail:** Mail registration form & payment to:  
Edina Community Education  
5701 Normandale Road, Edina, 55424-1530

**Fax:** 952-848-3951

**Email:** [comedu@edina.k12.mn.us](mailto:comedu@edina.k12.mn.us)

**Office hours:** Mon-Fri, 8 am-4:30 pm

**Make checks payable to:**  
Edina Public Schools  
Visa or MC

EDINA COMMUNITY EDUCATION CLASS REGISTRATION									
Check one *Dob, age, grade, school required for Youth registrations	Adult	Youth	DOB*	Age*	Grade*	School*			
Participant's Name									
Address									
City							Home Phone		
Parent Names/Emergency Contact (Required for participants under age 18) Name & Phone							Zip		
E-mail address: 1.							2.		
Course #	Course Title	Start Date	Time	Tuition					
Payment Choose one:	Cash Check Credit	Exp #	Code #	Code #	Code #	Code #	Code #	Code #	Total
		Cardholder name		Card #					
<b>Signature:</b>									
By registering for these classes, I give permission for my child/myself to be included in photos or videos of activities that may be used in school district publicity and any media coverage printed or electronic.									
<b>MEDICAL EMERGENCIES</b> I give my permission for the staff to make whatever emergency (i.e. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while attending the activity. In case of medical emergency, I understand that my child will be transported to the nearest hospital by ambulance if the local emergency resource (police or rescue squad) deems it necessary. I will be responsible for the cost of the transportation. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent, child's physician, and/or another adult acting on the parent's behalf.									