

MOVE AS ONE

BASKETBALL

2018 Spring AAU Girls Basketball

Grades: 4th – 8th (3rd Graders can play 4th grade)

Schedule: Parent Meeting March 12th at 6pm
Library Lecture Hall @ Buchanan HS

Practices: Two/three days a week depending on tournament schedules

Tournaments: April/May (Weekends)

Cost: \$250 (Includes uniform)

(Will receive exact dates for games/practices at Parent Meeting)

The purpose of Move as One Spring AAU:

- Provide a fun, competitive environment for kids serious about playing basketball in High School
- Develop our feeder program by providing instruction by our high school coaches
- Incorporate style of play, drills, offensive & defensive concepts executed at the high school level
- Develop skills and abilities through intense practice and competitive games
- Each team will be coached by our Buchanan High School Girls Basketball Staff

****Please make checks out to *Move as One Basketball***

Please mail w/ payment to Buchanan High School attention
"Girls Basketball/Adam Wall"
1560 N Minnewawa Ave, Clovis, CA 93619

**Questions: Contact Director of Sport for Girls Basketball, Adam Wall,
adamwall@cusd.com or call 559-305-0579**

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Registration Form

Uniform Size (circle): Childs S M L Adult S M L XL

Name: _____

School: _____

Date of Birth: _____

Grade: _____

Address: _____ City: _____

Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

In accordance with CIF bylaw 207, any athlete who transfers from School "A" to School "B" after having prior contact, during the previous 24 months, either directly or indirectly with school "B" prior to enrollment shall not be eligible at School "B" for 365 days from initial date of enrollment. This includes this camp, clinic, AAU, club team, and/or workouts.

I hereby authorize the Buchanan Basketball Camp Coaching Staff to act for me according to their best judgment in any emergency requiring medical attention for my child. I release Clovis Unified School District and the Buchanan Basketball Coaching Staff from any liability for any injury or illness suffered by my child while participating in camp

Parent/Guardian Signature: _____