Sports Skills Clinic
Registration Form
4th-6th Grade

Cost: $15/per clinic*
*non-refundable please see note on back

Clinics will be held at the i3 Middle School Campus.

4th-5th grade students will ride the bus to the middle school campus.

4th-6th Grade Clinics will be held at the i3 Middle School Campus.

Register online!

Pay online!

Clinics available:
Volleyball: May 3 & 5 - 3:45-5:15pm
Basketball: May 10 & 12 - 3:45-5:15pm
Power/Speed/Agility (great for all sports): May 17 & 19 - 3:45-5:15pm

Each clinic will be limited to 50 participants.

Registration Deadlines:
Volleyball by April 27th
Basketball by May 4th
Power/Speed/Agility by May 11th

Clinics are designed for skill development and learning opportunity for those attending and are not any form of a tryout.

If paying with cash/check, please bring the money along with the back of this page completed.

More Information:
If you have any questions, please email Coach Uhlman at buhlman@i3academy.org
SPORTS SKILLS CLINIC
REGISTRATION FORM
4TH-6TH GRADE

Cost: $15/per clinic*
*non-refundable

Clinics will be held at the i3 Middle School Campus.

4th-5th grade students will ride the bus to the middle school campus

PERSONAL INFORMATION

Student first and last name: ________________________________ Grade: __________

Clinics available:  □ Volleyball: 5/3 & 5/5 - 3:45-5:15pm
                    □ Basketball: 5/10 & 5/12 - 3:45-5:15pm
                    □ Power/Speed/Agility (great for all sports): 5/17 & 5/19 - 3:45-5:15pm

Payment:  □ I will pay with Paypal using the QR code below
          □ I will send cash or a check to school written out to I3 Academy

Clinic Code of Conduct:  □ I understand that my student may not have two or more behavioral issues in the classroom or they will not be allowed to attend clinics.**
                          □ I understand that my student must be picked up by 5:15 every day or my student may not be allowed to attend other clinics.
                          □ I understand that 4th and 5th graders will be bused to the middle school on clinic days AND pick-up is at the middle school.

Parent Signature: ________________________________

Print first and last name: ________________________________

Parent email: ________________________________

Parent cell number: ________________________________

**Time is limited and we want to maximize the opportunity for growth for all attending.

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