

# Grimes Parks & Recreation Department

Telephone: (515) 986-2143

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[www.grimesiowa.gov](http://www.grimesiowa.gov)

CITY OF  
**GRIMES**



## Youth Basketball Clinic & Game in Grimes

**Featuring former collegiate players Josh Young, Craig Stanley and Adam Templeton of Drake, Ali Farokhmanesh and Jordan Eglseder of UNI, and Jason Bohannon of Wisconsin**

### Program Description:

Join these former collegiate basketball greats above for a day on the hardwood. Participate in a typical practice and shootaround with these players. An autograph and picture session is included with the clinic.



**Who:** Clinic- Boys and Girls Ages 6 & Up  
Game- Everyone is invited.

**Where:** North Ridge Elementary School in Grimes

**Dates:** Saturday, June 19, 2010  
*Deadline is June 16, 2010.*

**Time:** Clinic runs from 10:30am – Noon  
Game vs. DCG Coaches/Alumni starts at 1:30pm.

**Questions:** Contact Brett Barber, Park & Rec Director at [bbarber@ci.grimes.ia.us](mailto:bbarber@ci.grimes.ia.us) or at 515-986-2143.

**To Register:** Register online at [www.grimesiowa.gov](http://www.grimesiowa.gov) under Parks and Recreation.

**Cost:** Clinic- \$25 per participant for the clinic (Includes autograph and picture session.)  
Game – Email Brett to be put on the Pre-registration list but pay at the door. Cost at the Door is \$5 for Adults and \$3 for Ages 12 and Under.

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### 2010 “Youth Basketball Clinic Only” Registration Form

PARTICIPANT’S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN’S NAME: \_\_\_\_\_ GOING INTO GRADE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL (required): \_\_\_\_\_ PHONE: \_\_\_\_\_

I would like to be added to the Grimes Parks and Rec Email List:    YES        NO        ALREADY ON LIST

#### Release and Indemnification Agreement:

I hereby request that you accept my child’s application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date

**Grimes Parks and Rec Office ~ 410 SE Main St. in Grimes**