

Potter County Summer Basketball Workouts

Player Name _____
Player Grade (21-22) _____
Player Phone _____
Parent Name _____
Parent Phone Home _____
Parent Phone Mobile _____

Does the player have any allergies or medical conditions? **Yes** **No.**

If YES, please state _____

I, _____, will participate in the Potter County Summer Basketball Workouts.

If I am unable to attend a workout, I will notify Coach Nagel before the day of not attending. I will pay the cost of \$30 per workout, \$150 to attend all workouts upon registration, or agreed upon date.

I will attend (check one):

- All Summer Basketball Workouts (June 9, 16, 23, 30, and July 14th) \$150
 I will attend on the following dates:

June 9 June 16 June 23 June 30 July 14

Number of workouts: _____ x \$30 = _____

Scholarships are available. Please see Coach Nagel if interested in a Scholarship. Those who attend all 5 workouts sessions will receive a free t-shirt.

Player signature: _____

Parent signature: _____

Coach Kelli Nagel - Phone: 605 765 2436 - Email: Kelli.nagel@k12.sd.us