

# Fife Trojan - Elite Shooting Clinic

When: June 25-27  
Where: Fife High School  
Time: 9:00-11:00am  
Cost: \$50 per person  
Who: Boys and Girls between 4-9th Grades  
\*Grade in 2018-19  
\*Limited to first 30 people



## ***The Fife Shooting Clinic will focus on***

- Shooting mechanics
- Different finishes at the rim
- Footwork and balance for shooting
- Stationary shooting and off the dribble

## **Pre-Register Only! Form and payment must be received by June 19<sup>th</sup>**

Mail bottom of form and check to (Payable to Fife High School Boys' Basketball):  
Fife High School Attn: Bookkeeper/ 5616 20<sup>th</sup> St E. Tacoma WA 98424  
Questions??? - Terrance Troupe 517-1500 or Mark Schelbert 517-1100

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## **Fife Trojans Elite Shooting Clinic**

Camper's Name \_\_\_\_\_ Grade in 2018-  
19 \_\_\_\_\_ Gender \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

*I hereby authorize my student to attend Fife Shooting Clinic and waive and release Fife Shooting Clinic, Fife High School, the Fife School District, and any of their representatives and/or assignees, from any and all liabilities, injuries, claims, suits or damages which may result from participation in the above described activity. I know of no medical or physical problems which may affect the camper's ability to safely participate in this camp. I authorize the directors of this camp to act for me in any medical emergency according to their best judgment. In the event of illness or injury, I hereby give my consent for medical treatment and assume full responsibility for any medical expenses.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_