

preK-K-1-2 grade clinic is held at St Paul's Sundays 12:30-2:15pm

Season begins December 7, 2025 and runs through March 1, 2026

**Registration Deadline is November 15, 2025** 

## Please REGISTER ONLINE at our website:

www.gardencitybasketball.org

If you do not wish to register online;

Registration Fee: \$175

Please complete this application, make your check payable to "Garden City Basketball" and mail to:

Garden City Basketball c/o Sean Skramko 176 Wellington Road Garden City, NY 11530-1218

Player's Name: \_\_\_\_\_ Email: \_\_\_\_

 $Address: \underline{\hspace{1.5cm}} Grade: \textit{(please circle)} \quad pre-K \ / \ K \ / \ 1^{st} \ / \ 2^{nd}$ 

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Please consider offering an additional tax deductible donation of \$25 or more.  This is a clinic where the focus is on skill development and fun. There are no teams and participants are not called.	
Garden City Basketball is a New York State incorporated tax exempt non-profit organization. We are proud members of AAU, the Junior NBA, and the Junior WNBA. Please visit the www.GARDENCITYBASKETBALL.org website for information about our program.	
	VBA Jr. Jwnba
Parental Consent and Liability Waiver	
and I assume all risks associated with (my/his/her) par I agree to hold harmless and release Garden City Basl during participation in these activities. I assume the risk flu, viruses, and any other illness. By signing below, Basketball, its owners, members, officers, affiliates an understand Garden City Basketball cannot be respons	e Garden City Basketball clinic. I understand that basketball involves physical contact between players rticipation. (I/My child) (have/has) no known medical conditions which prohibit participation in this sport. ketball and their agents and sponsors from legal liability resulting from any injuries and illness sustained as to exposure to and potential illness from infectious diseases and illnesses, including, without limitation, I agree that to the fullest extent allowed by law, I accept all possible risks and will hold Garden City and employees harmless from any claims due to exposure to or contracting of an infectious disease. I sible for loss or damage to (my/my child's) personal possessions. Participation is subject to the rules and r organization (such as the Village of Garden City) which this program is a member/affiliated with.
Dated:	Signature: