



Girls Basketball Clinic

at the
University of Southern California
Galen Center



Who: 3rd, 4th, and 5th grade girls

What: A clinic where girls learn the basics of basketball through drills led by Pac-10 Conference student-athletes & coaches.

When: Thursday, March 11 2010 ~
4:30 to 5:30 PM

Why: To encourage young girls to live healthy and active lives through sports.

Cost: FREE!

University of Southern California
3400 S. Figueroa St
Los Angeles, CA 90007

EACH PARTICIPANT RECIEVES:

A clinic T-shirt, Nike Basketball, 1
complementary ticket to the Thursday
evening session of the State Farm Pac-10
Women's Basketball Tournament &
Autograph session poster



Clinic Schedule

(Subject to change)

4 pm Registration

Enter at large staircase on Figueroa St.

4:30 pm Welcome

4:40 pm Skill instruction with Pac-10
Conference coaches & student-athletes

5:20 p.m. Clinic Ends

6 pm Game #1 - State Farm Pac-10 Women's
Basketball Tournament

8 pm (approx.) Autograph Session with Pac-10
Conference student-athletes

8:15 pm Game #2 - State Farm Pac-10
Women's Basketball Tournament

***Groups of 10 or more receive one free
chaperone ticket for every 10 girls
participating!**

***Additional tickets may be purchased at a
discounted rate.**

***Parking available thru USC Gate 3 on
Figueroa**

**Complete and return the attached registration
form to reserve your spot!**

For more information please contact:

Teresa Verbeck ~ Local Site Coordinator

verbeck@usc.edu 213.740.4155

Kristine Berndt ~ Pac-10 Conference

kberndt@pac-10.org 925.932.4411

State Farm Pac-10 Tournament Girls' Clinic

REGISTRATION FORM

Please complete and submit this form by March 1.

Pre-registration is required. Participants will be accepted on a first-come, first-serve basis (Clinic maximum: 500 girls).

Name _____ Age _____ Grade _____

School _____ Parent/Guardian _____

Home Address _____

State _____ City _____ Zip Code _____

Phone _____ Email _____

Are you part of a group? Yes _____ No _____ Group Name _____

INSURANCE INFORMATION

Insurance Co _____ Policy holder _____

Group # _____ Policy # _____

List any conditions or injuries that may affect your ability to participate:

Emergency contact (during clinic hours):

Name _____ Phone # _____

RELEASE FORM

I, the custodial parent or guardian, for the participant identified herein, do hereby authorize her participation in the Pac-10 Girls' Basketball Clinic.

I hereby acknowledge that the sport of basketball has inherent dangers of injury to the players. In consideration of the opportunity to participate in this clinic, we knowingly and freely assume all risks of bodily injury to our daughter, and do hereby release, hold harmless and promise not to sue the Pac-10 Conference, its member institutions, volunteers, coaches, employees and agents with respect to any and all injuries to our daughter except that which is the result of gross negligence and/or willful and wanton misconduct.

I also verify that my daughter is currently enrolled in the 3rd through 5th grades and therefore meets the grade requirement to participate in this clinic.

Signature of parent/guardian (REQUIRED)

Date _____

RETURN TO: 3501 Watt Way, 203A, Los Angeles, CA 90089 ~ fax: 213.740.1306