

# Tucker Neale's Headstart Hoopsters

## Basketball



## League

The Headstart Hoopsters Basketball Program offers a chance for 1st and 2nd graders to learn the fundamentals of basketball through skill instruction, team practice, and actual games!

**Who:** 1st and 2nd grade boys and girls  
**Where:** **Royal Redeemer Church**  
**11680 Royalton Rd.**  
**North Royalton, OH 44133** (1/2 miles from Strongsville boarder)

**When:** League begins first week of January 2010  
 Practices (1/week) held on Thursday evenings  
 Games held on Sunday evenings (5-7 pm)

**Cost:** \$70 per child (fee includes a t-shirt/jersey)

**Highlights:** All players will receive a t-shirt  
 Practices conducted by professional coaches  
 7 game schedule +Playoffs  
 Score keeper and referee



OhioBasketball.com

**Questions?**

**P: (440) 826-3652**

**E: tntskip@aol.com**

**W: www.OhioBasketball.com**

Hurry, entry deadline is November 1st, 2009!! We have a very limited number of spots so register ASAP to guarantee your child's placement. Fill out the bottom portion of this flyer and mail along with a check to:

**"TFN Camps & Clinics"**  
**7515 Pearl Road #207**  
**Middleburg Hts., OH 44130**

Credit card payments can also be accepted online at [www.OhioBasketball.com](http://www.OhioBasketball.com) or by calling John at (440) 532-0455.

**PARENT VOLUNTEER COACHES ENCOURAGED!!!!**

Player Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Interested in Coaching?

Home Phone: \_\_\_\_\_

Player T-Shirt Size: (Youth) S M L

Y N

Parent/Guardian Names: \_\_\_\_\_  
 (Please Print)

I hereby certify that all information above is correct and in all consideration of participating in this or any TFN Camps and Clinics event, that I assume full responsibility for all player(s) listed above and that I have in my possession signed papers from each parent that states that they agree not to hold responsible TFN Camps and Clinics its members, coaches, or other employees on account of any injury or loss or damage suffered as a result of a player participating in this or any TFN Camps and Clinics event, including but not limited to games, practices or travel to and from these activities.

Parent/Guardian Signature: \_\_\_\_\_