## 2018 Black & Gold Junior Skills Academy

| DATES            | Wednesday September 12, 19, and 26   |  |  |
|------------------|--|--|--|
|                  | Tuesday October 2 and 9  |  |  |
|                  | Thursday October 18  |  |  |
| TIME             | 6:30-8:00 PM   |  |  |
| LOCATION         | Lafayette High School  |  |  |
| GRADES (2018-19) | 2 <sup>nd</sup> -7 <sup>th</sup> (MSHSAA rules do not allow 8 <sup>th</sup> graders to attend) |  |  |
| COST             | \$75 before 9/5/18   |  |  |
|                  | \$85 after 9/5/18  |  |  |
|                  |  |  |  |

<sup>\*</sup>Skills Academy will be directed by Lafayette Head Basketball Coach Matt Landwehr and LHS staff members.

Registration: Please complete the registration form below and return it with payment. **Please make checks** payable to: <u>SJM Resources, LLC</u> and mail to:

Matt Landwehr 18136 Bent Ridge Drive Wildwood, MO 63038

If you have any questions, please contact Head Coach Matt Landwehr at <a href="mailto:landwehrmatthew@rsdmo.org">landwehrmatthew@rsdmo.org</a>
Junior Skills Academy is not sponsored by the Rockwood School District.

Please detach along the line. Keep top portion for your records and return bottom portion.

|  | 2018 Black & Gold Juni   | ior Skills Academ  | ny   |
|--|--|--|--|
| Name   | Parent's Name  |  |  |
| Address  | City/Zip   |  |  |
| Phone  | Grade (2018-19)  | Last School Attend   | led  |
| E-MailT-Shirt Size – <b>Please Circle</b>  | (Youth Sizes) ( YS - YM - Y  |  | Total \$<br>Enclosed   |
|  | (Adult Sizes) (S - M - L -   |  | Cash Check #   |
| authorize SJM Resources LLC a<br>necessary to insure the well-bein<br>had a valid physical in the past y<br>on concussions, which includes it<br>concussion, and how to prevent a<br>claims on account of any injuries | nt and medical authorization:  egal Guardian of and its employees and agents permiss ag of our/my son. Further, I claim that year as well as being covered by valid aformation on the definition of a conc a concussion. I hereby release SJM I s which may be sustained by our/my so d by our/my son as a result of any suc | ion to request emergency of at our/my son is found fit for medical insurance. I have cussion, symptoms of a conflexources LLC and all its conflexon while participating in | medical treatment or care as<br>or all physical endeavors and has<br>also read the MSHSAA materials<br>ncussion, what to do if you have a<br>employees and agents from all |
| Davant's Signature   |  | Doto   |  |

<sup>\*\*</sup>For more information about camps or Lafayette Lancers basketball, please visit www.lafayettehoops.com.