

Marion Harding BASKETBALL



Coming Soon! 1st year of Marion Harding Boys Basketball “FALL BALL” program!

The Fall Ball Program is a skill development program. It will be conducted in a clinic-style format. During fall ball, players will work on Shooting, Ball Handling, Passing, Defending, and Rebounding. As part of our sessions, we will schedule time for the kids to play in an open gym setting.

Future Harding hoopsters- there is not a better way to get a basketball in your hands, start preparing for the upcoming season, and get in basketball condition.

This program is available to **all boys in the 3rd - 8th grade**. Most sessions will be held in the Marion Harding HS main and auxiliary gyms. Players will be grouped by grade and skill levels to make sure they're playing versus kids at their skill level.

What are you waiting for? Join us for the 2021 “fall ball” program!

<u>Session Dates and Times –</u>	<u>Location</u>
Tuesday, September 21st – 6:30 – 8:00pm	at Marion Harding High School
Thursday, September 23rd –6:30 – 8:00pm	at Marion Harding High School
Thursday, September 30th –6:30 – 8:00pm	at Marion Harding High School
Thursday, October 7 th –6:30 –8:00pm	at Marion Harding High School

End of Fall Ball Celebration

Friday, October 8th, -5:00 – 6:30pm More Basketball Work **AT GRANT MIDDLE SCHOOL GYMS**

*Parents will pick players up from gym following THIS fall ball session

**Players can get free admission to HS Football Game vs River Valley following Fall Ball at Harding Stadium

***Fall Ball participants will be recognized during the game

Program Fee

- 1 **\$5 per session at the door;** \$25 For all five sessions Make checks payable to: **Harding Athletic Boosters**
- 2 Payment due by **September 20th.**
 - Send check and form to Jamie Pearson, Marion Harding High School, 1500 Harding HWY E, Marion, OH 43302

Questions?

Any questions about the program, please contact Head Boys Coach Jamie Pearson at jpearson@mcspresidents.org or call/ text at (740) 244-3994

“FALL BALL”
REGISTRATION FORM

Player's Name: _____ Grade _____

Home
Address: _____

Phone #'s: _____
(Please provide Home and Cell)

School: _____

E-Mail
Address: _____

*** Program Fee: \$5 per session or \$25.00 for all sessions**

Make checks payable: **Harding Athletic Boosters- Boys Basketball**

Mail checks and Registration Form to: **Jamie Pearson, Marion Harding High School, 1500 Harding HWY E, Marion, OH 43302**

Waiver/Medical Release

I hereby authorize the directors of the Harding Basketball “Fall Ball” Program to act for me according to their best judgment in an emergency requiring medical attention. I understand that Marion Harding High School, the Marion City Schools District, the program directors or anyone else connected with the program, will not assume any responsibility for medical, dental or other expenses incurred as a result of accidents sustained during, or as a result of, any course of instruction given by the program staff. The program reserves the right to send any player to the hospital for diagnosis or treatment. The parent or guardian will assume responsibility.

Parent/Guardian Signature _____