



**SOUTHINGTON BOYS BASKETBALL
PRESENTS**



**2019 BLUE KNIGHTS SUMMER BASKETBALL CLINIC
OPEN TO BOYS ENTERING 2nd THRU 8th GRADE**



TWO FUN WEEKS TO CHOOSE FROM

2ND - 3RD - 4TH - 5TH Grade – JUNE 17TH – 21ST 8:30am-3:30pm

6TH - 7TH - 8TH Grade – JUNE 24TH - 28TH 8:30am-3:30pm

ALL SKILL LEVELS ARE WELCOMED







GROW WITH THE "FUN" DAMENTALS OF THE GAME COMPETE WITH YOUR TEAM FOR FIVE FULL DAYS

DEVELOP BY GETTING BETTER EACH DAY ENJOY WITH YOUR FRIENDS WHILE MAKING NEW ONES

WHERE: SOUTHINGTON HIGH SCHOOL, 720 PLEASANT ST, SOUTHINGTON, CT 06489

ENTERING INTO OUR 5TH YEAR! CAMPERS INSTRUCTED AND MENTORED BY

JOHN CESSARIO, SHS VARSITY BASKETBALL COACH & SOUTHINGTON HIGH SCHOOL BASKETBALL PLAYERS

-  EACH ATTENDEE RECEIVES A CLINIC T-SHIRT, PERSONALIZED CERTIFICATE & OTHER GOODIES.
-  FRIDAY IS A 'THREES FOR TEES DAY'. PARENTS MAKE A 3 POINTER ON THEIR 1ST SHOT-WIN A CLINIC TEE!
-  ENSURE YOUR SON WEARS SNEAKERS & BRINGS A DRINK TO REHYDRATE EVEN WITH OUR WATER AVAILABLE
-  PACK A LUNCH! EACH ATTENDEE IS PROVIDED AMPLE TIME TO RECHARGE WITH THE LUNCH THEY BRING
-  A FULLY INSURED CLINIC IN AN AIR CONDITIONED ENVIRONMENT
-  FOR ANSWERS TO YOUR QUESTIONS PLEASE EMAIL COACH CESSARIO AT CESSARIO@COX.NET

**↑ PLEASE CUT ALONG THE ABOVE LINE & RETURN THE FORM WITH PAYMENT TO RESERVE A SPOT ↑
THE NAME(S) OF THE PLAYER(S) BECOMING GREAT AT THE GAME OF BASKETBALL**

NAME _____ GRADE IN 2019-20 _____ AGE _____

NAME _____ GRADE IN 2019-20 _____ AGE _____

ADDRESS _____ PHONE _____

EMAIL _____ ALLERGIES/SPECIAL NEEDS _____

SCHOOL IN FALL 2019 _____ IF ENTERING 6TH GRADE, PROVIDE SCHOOL ATTENDED IN 5TH _____

REGISTRATION DEADLINE IS FRIDAY, JUNE 7TH, 2019 – FEE IS NON REFUNDABLE AFTER THE REGISTRATION DEADLINE

5 DAY SESSION @ \$250 FOR ONE SIBLING \$ _____

5 DAY SESSION @ \$225 FOR MULTIPLE SIBLINGS \$ _____ TOTAL \$ _____

T-SHIRT SIZE (PLEASE CHECK ONE) A-M A-S Y-XL Y-L Y-M Y-S

PLEASE MAKE CHECKS PAYABLE TO "BKSBC"- MAIL FORM(S) & CHECK(S) TO 31 SILVER OAK CIRCLE, SOUTHINGTON, CT 06489

Parental signature (BELOW) is required to enroll your child. With signature, I agree to all of the following: I understand playing basketball has risk of personal injury. As parent/guardian to participating student, I agree to full responsibility (as does the student) for the personal health/safety of the student. I certify the student is in good physical & mental condition, and does not have a condition that could be aggravated by participation in the **Blue Knights Summer Basketball Clinics (BKSBC)**. I understand that Southington Public Schools, Southington High School, nor anyone associated with the clinic will assume any responsibility for accidents and medical or dental expenses incurred because of participation in this program. In the event of an injury or illness, I authorize clinic staff to act for me according to their best judgment in providing medical care. Each student is responsible for personal property. I authorize that my son can be photographed throughout the week attended.

PRINT PARENT/GUARDIAN NAME _____

SIGNATURE PARENT/GUARDIAN _____ DATE _____

PRINT EMERGENCY CONTACT _____ PHONE _____

(THE CAMP IS NOT OPERATED, SPONSORED OR ENDORSED BY THE SOUTHINGTON PUBLIC SCHOOLS or THE SOUTHINGTON BOARD OF EDUCATION)

MANDATORY MEDICAL CLEARANCE

OPTION ONE - PROVIDE THE MOST RECENT COPY OF YOUR SON'S PHYSICAL EXAM RESULTS IF ATTAINED WITHIN 24 MONTHS OF THE CLINIC WITH THE REGISTRATION FORM AND PAYMENT.

OPTION TWO - HAVE YOUR SON'S PEDIATRICIAN COMPLETE THE FOLLOWING AND PROVIDE BACK WITH THE REGISTRATION FORM AND PAYMENT.

TO BKSBC, (NAME) _____ WAS LAST SEEN ON (DATE) _____ FOR A PHYSICAL EXAM. HE WAS FOUND TO BE IN GOOD HEALTH, UP TO DATE WITH IMMUNIZATIONS AND CAN PARTICIPATE IN THE 2019 BLUE KNIGHTS SUMMER BASKETBALL CLINIC.

NAME OF DOCTOR OR PRACTICE _____

ADDRESS _____

SIGNATURE _____



FANCY BAGELS IS OFFERING **TWO SPECIAL LUNCH PACKAGES** FOR OUR ATTENDEES AGAIN THIS YEAR EACH PACKAGE INCLUDES A BAG OF CHIPS/POPCORN, BOTTLED WATER & IS DELIVERED TO THE CLINIC!

PLEASE CHECK HERE IF YOU WILL NOT BE PARTICIPATING IN THE FANCY BAGEL LUNCH OPTION

\$7.00 - TURKEY & CHEESE WITH LETTUCE, TOMATO ON YOUR CHOICE OF A FANCY BAGEL

Circle the week attending: June 17th – 21st June 24th – June 28th
Circle One: MAYO MUSTARD
Circle One: Regular Chips BBQ Chips Sharp White Cheddar Popcorn
Specify Your Choice of Bagel: _____
Specify Your Quantity and Day: _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri
TOTAL # of Turkey Orders for the Week _____ **TOTAL TURKEY @ \$7.00** _____

\$6.00 - BLT ON YOUR CHOICE OF A FANCY BAGEL

Circle the week attending: June 17th – 21st June 24th – June 28th
Circle One: MAYO MUSTARD
Circle One: Regular Chips BBQ Chips Sharp White Cheddar Popcorn
Specify Your Choice of Bagel: _____
Specify Your Quantity and Day: _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri
TOTAL # of BLT Orders for the Week _____ **TOTAL BLT @ \$6.00:** _____

TOTAL COMBINED FOOD ORDER ENCLOSED ("A" plus "B"): **WEEKLY TOTAL \$** _____

**PLEASE ENCLOSE THIS FORM AND CHECK PAYABLE TO FANCY BAGEL (NO CASH PLEASE)
PLEASE HAVE IT ACCOMPANY THE BASKETBALL CLINIC REGISTRATION FORM AND CHECK.**

ATTENDEE'S FULL NAME _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN PHONE # _____