



SOUTHINGTON HIGH SCHOOL BOYS BASKETBALL PRESENTS



“BALL IN HAND BASKETBALL”
THE BASKETBALL TRAINING CLINIC
OPEN TO BOYS IN 2nd THRU 8th GRADE



SEPTEMBER 7th, 14th, 21st, 28th

8:30 AM – 10:00 AM AT SOUTHINGTON HIGH SCHOOL

720 PLEASANT STREET, SOUTHINGTON, CT 06489

ALL SKILL LEVELS ARE WELCOMED



GET THE BALL IN YOUR HANDS!!!!

**PREPARE FOR YOUR UPCOMING TRYOUTS COMPETE 1 ON 1 AND SHOW EVERYONE WHAT YOU ARE MADE OF
DEVELOP BY GETTING BETTER EACH SESSION LEARN ASPECTS OF THE GAME WITH THE BALL IN YOUR HANDS**

ATTENDEES INSTRUCTED & MENTORED BY JOHN CESSARIO, SHS VARSITY BASKETBALL COACH & SHS PLAYERS

FOR ANSWERS TO YOUR QUESTIONS PLEASE EMAIL COACH CESSARIO AT CESSARIO@COX.NET

SIGN UP FOR ALL 4 SESSIONS BY THE SEPTEMBER 6th DEADLINE AND THE COST IS \$90

CAN'T MAKE ALL 4 SESSIONS? PARTICIPATE FOR \$25 PER ATTENDEE PER SESSION

SAME DAY REGISTRATION FOR AN INDIVIDUAL SESSION REQUIRES A MED FORM & PAYMENT WITH THE ATTENDEE

THE NAME OF THE PLAYER COMMITTING HIMSELF TO DEVELOP AS A BASKETBALL PLAYER:

NAME _____ AGE _____ HT _____ WT _____

ADDRESS _____ PARENT/GUARDIAN PHONE _____

EMAIL _____ ALLERGIES/SPECIALNEEDS _____

REGISTRATION DEADLINE IS FRIDAY, SEPTEMBER 6th, 2019 – FEE IS NON REFUNDABLE POST REGISTRATION DEADLINE

4 SESSIONS FOR \$90 \$ _____

INDIVIDUAL SESSIONS \$25 PER SESSION \$ _____

CHECK DATE(S) ATTENDING SEPT 7th SEPT 14th SEPT 21st SEPT 28th

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 **BALL IN HAND BASKETBALL CLINIC**. 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 _____

MANDATORY MEDICAL CLEARANCE

OPTION ONE – PROVIDE A COPY OF HIS PHYSICAL EXAM IF WITHIN 24 MONTHS OF THE CLINIC WITH THE REG FORM AND PMT.

OPTION TWO – HAVE YOUR SON’S PEDIATRICIAN COMPLETE BELOW AND PROVIDE BACK WITH THE REG FORM AND PMT.

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 BALL IN HAND BASKETBALL CLINIC.

NAME OF DOCTOR OR PRACTICE _____ ADDRESS _____

SIGNATURE _____

IF YOUR SON ATTENDED THE 2019 BLUE KNIGHTS SUMMER BASKETBALL CLINIC YOU NEED NOT PROVIDE MEDICAL FORMS.

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