



**SOUTHINGTON BOYS BASKETBALL
PRESENTS**



BLUE KNIGHTS

2017 SUMMER BASKETBALL CLINIC

OPEN TO BOYS ENTERING 2nd THRU 8th GRADE



TWO FUN WEEKS TO CHOOSE FROM

2ND-3RD-4TH-5TH Grade – June 26th-June 30th 8:30am-3:30pm

6TH-7TH- 8TH Grade – Aug 7th- Aug 11th 8:30am-3:30pm



ALL SKILL LEVELS WELCOMED

LEARN THE "FUN"DAMENTALS OF THE GAME **LIVE** THE GAME FOR **FIVE FULL DAYS**

LOVE IT & GET BETTER EACH DAY LAUGH WITH YOUR FRIENDS WHILE MAKING NEW ONES

LOCATION SOUTHINGTON HIGH SCHOOL, 720 PLEASANT ST, SOUTHINGTON, CT 06489

CAMPERS WILL BE INSTRUCTED BY

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

WHO COULD THE GUEST SPEAKERS BE THIS YEAR? LAST YEAR WE HAD:

Seth Greenberg, ESPN Men's College Basketball Analyst & Former Virginia Tech Head Coach

John Gallagher, Head Men's Basketball Coach at the University of Hartford

James Jones, Head Men's Basketball Coach at Yale University

James Cosgrove, Head Men's Basketball Coach at Trinity College

FIRST YOU BELIEVE IT, THEN YOU ACHIEVE IT

THE NAME(S) OF THE PLAYER(S) BECOMING GREAT AT THE GAME OF BASKETBALL:

NAME _____ GRADE IN 2017-18 _____ AGE _____

NAME _____ GRADE IN 2017-18 _____ AGE _____

ADDRESS _____ PHONE _____

EMAIL _____ ALLERGIES/SPECIALNEEDS _____

SCHOOL ATTENDING IN FALL 2017 _____

IF ENTERING 6TH GRADE, PROVIDE THE SCHOOL ATTENDED FOR 5TH _____

REGISTRATION DEADLINE IS FRIDAY, JUNE 16, 2017 – FEE IS NON REFUNDABLE AFTER THE REGISTRATION DEADLINE

_____ 5 DAY SESSION @ \$225 FOR ONE SIBLING \$ _____

_____ 5 DAY SESSION @ \$200 FOR MULTIPLE SIBLINGS IN A FAMILY \$ _____

TOTAL ENCLOSED \$ _____

YOUTH T-SHIRT SIZE _____ XL _____ L _____ M _____ S ADULT T-SHIRT SIZE _____ M _____ S (ONE PER CAMPER)



EACH ATTENDEE RECEIVES A CLINIC T-SHIRT, PERSONALIZED CERTIFICATE & OTHER GOODIES.

FRIDAY'S SESSION IS A 'THREES FOR TEES DAY'. PARENTS MAKE A 3 POINTER ON THEIR 1ST SHOT-WIN A CLINIC TEE!

ENSURE YOUR SON(S) WEARS SNEAKERS & BRINGS A DRINK TO REHYDRATE EVEN WITH OUR WATER AVAILABLE.

PACK A LUNCH! EACH ATTENDEE WILL BE PROVIDED AMPLE TIME TO RECHARGE WITH THE LUNCH THEY BRING.

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



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

PLEASE MAKE CHECKS PAYABLE TO JOHN CESSARIO, (PLEASE NO CASH)

MAIL FORMS & CHECKS TO 31 SILVER OAK CIRCLE, SOUTHTON, 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 Clinic**. I understand that 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 student can be photographed throughout the week attended.

PRINT PARENT/GUARDIAN NAME _____

SIGNATURE PARENT/GUARDIAN _____ DATE _____

PRINT EMERGENCY CONTACT _____ PHONE _____

MEDICAL CLEARANCE (PROVIDING MOST RECENT COPY OF PHYSICAL WILL SUFFICE IF WITHIN 24 MONTHS OF THE CLINIC)

TO WHOM IT MAY CONCERN, _____ WAS LAST SEEN ON (DATE) _____
 FOR A PHYSICAL AND WAS FOUND TO BE IN GOOD HEALTH AND UP TO DATE WITH IMMUNIZATIONS. HE/SHE CAN PARTICIPATE
 IN THE BLUE KNIGHTS SUMMER BASKETBALL CLINIC. NAME OF DOCTOR _____
 ADDRESS _____ SIGNATURE _____



FANCY BAGELS IS OFFERING TWO SPECIAL PACKAGES FOR OUR ATTENDEES



EACH BAGEL SANDWICH COMES WITH ONE BAG OF CHIPS/POPCORN, A BOTTLED WATER & IS DELIVERED TO THE SCHOOL!!

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

Please Circle One: MAYO MUSTARD
 Please Circle One: Regular Chips BBQ Chips Sharp White Cheddar Popcorn
 Please Specify Your Choice of Bagel: _____
 Please Circle which week the student is attending: June 26th - June 30th Aug 7th - Aug 11th
 Please Specify Your Quantity and Day: _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri
 TOTAL # of Turkey Orders for the Week _____ **TOTAL X \$7.00 _____ (a)**

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

Please Circle One: MAYO MUSTARD
 Please Circle One: Regular Chips BBQ Chips Sharp White Cheddar Popcorn
 Please Specify Your Choice of Bagel: _____
 Please Circle which week the student is attending: June 26th - June 30th Aug 7th - Aug 11th
 Please Specify Your Quantity and Day: _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri
 TOTAL # of BLT Orders for the Week _____ **TOTAL X \$6.00: _____ (b)**

TOTAL COMBINED FOOD ORDER ENCLOSED (a) and (b): \$ _____

PLEASE INCLUDE THIS ORDER FORM WITH THE FOOD ORDER CHECK PAYABLE TO **FANCY BAGEL (no cash please)** PLEASE
ENCLOSE THIS FORM AND CHECK WITH THE CLINIC ORDER FORM AND CHECK

ATTENDEE'S FULL NAME _____
 PARENT/GUARDIAN NAME _____ PARENT/GUARDIAN PHONE # _____