



**SOUTHINGTON BOYS BASKETBALL
PRESENTS**



BLUE KNIGHTS

2018 SUMMER BASKETBALL CLINIC

OPEN TO BOYS ENTERING 2nd THRU 8th GRADE



TWO FUN WEEKS TO CHOOSE FROM
2ND-3RD-4TH-5TH Grade – July 30th-August 3rd 8:30am-3:30pm
6TH-7TH- 8TH Grade – Aug 6th- Aug 10th 8:30am-3:30pm



ALL SKILL LEVELS ARE WELCOMED

LEARN THE "FUN"DAMENTALS OF THE GAME LIVE THE GAME FOR FIVE FULL DAYS
LOVE GETTING BETTER EACH DAY LAUGH WITH YOUR FRIENDS WHILE MAKING NEW ONES
LOCATION SOUTHINGTON HIGH SCHOOL, 720 PLEASANT ST, SOUTHINGTON, CT 06489







THIS IS OUR 4TH YEAR! EACH YEAR WE HAVE HAD MORE ATTENDEES THAN THE PREVIOUS ONE SO PLEASE ENSURE YOU REGISTER EARLY FOR THIS FUN FILLED WEEK. PLEASE SEE OUR NEW WEBSITE BLUEKNIGHTSBASKETBALLCLINICS.COM FOR MORE DETAILS.

CAMPERS INSTRUCTED BY

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

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

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

-  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
-  FULLY INSURED CLINIC IN AN AIR CONDITIONED ENVIRONMENT
-  FOR ANSWERS TO YOUR QUESTIONS PLEASE EMAIL COACH CESSARIO AT CESSARIO@COX.NET

FIRST YOU BELIEVE IT, THEN YOU ACHIEVE IT

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

PLEASE RETURN THIS REGISTRATION FORM WITH PAYMENT TO ESTABLISH HIS SPOT IN THIS FUN FILLED WEEK:

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

NAME _____ GRADE IN 2018-19 _____ AGE _____

NAME _____ GRADE IN 2018-19 _____ AGE _____

ADDRESS _____ PHONE _____

EMAIL _____ ALLERGIES/SPECIALNEEDS _____

SCHOOL ATTENDING IN FALL 2018 _____

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

REGISTRATION DEADLINE IS FRIDAY, JULY 13, 2018 – 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 – ONE PER CAMPER)

YOUTH XL YOUTH L YOUTH M YOUTH SM ADULT M ADULT SM

PLEASE MAKE CHECKS PAYABLE TO "BKSBC" (PLEASE NO CASH)

MAIL FORM(S) & CHECK(S) TO 31 SILVER OAK CIRCLE, SOUTHLINGTON, 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 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)
PLEASE CHECK HERE IF THE PHYSICAL FORM ACCOMPANIES THE REGISTRATION FORM**

TO BKSBC, _____ 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 2018 BLUE KNIGHTS

SUMMER BASKETBALL CLINIC. NAME OF DOCTOR OR PRACTICE _____

ADDRESS _____ SIGNATURE _____

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



FANCY BAGELS IS OFFERING **TWO SPECIAL PACKAGES** FOR OUR ATTENDEES AGAIN THIS YEAR



BAGEL SANDWICHES COMES WITH A BAG OF CHIPS/POPCORN AND A BOTTLED WATER



ITS DELIVERED TO THE SCHOOL!!

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

Please Circle which week the student is attending: July 30th - August 3rd Aug 6th – Aug 10th

Please Circle One: MAYO MUSTARD

Please Circle One: Regular Chips BBQ Chips Sharp White Cheddar Popcorn

Please Specify Your Choice of Bagel: _____

Please Specify Your Quantity and Day: _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri

TOTAL # of Turkey Orders for the Week _____ **TOTAL TURKEY @ \$7.00** _____ (A)

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

Please Circle which week the student is attending: July 30th - August 3rd Aug 6th – Aug 10th

Please Circle One: MAYO MUSTARD

Please Circle One: Regular Chips BBQ Chips Sharp White Cheddar Popcorn

Please Specify Your Choice of Bagel: _____

Please Specify Your Quantity and Day: _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri

TOTAL # of BLT Orders for the Week _____ **TOTAL BLT @ \$6.00:** _____ (B)

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

PLEASE ENCLOSE THIS FORM AND CHECK PAYABLE TO FANCY BAGEL (NO CASH PLEASE) WITH THE BASKETBALL CLINIC REGISTRATION FORM AND CHECK

ATTENDEE’S FULL NAME _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN PHONE # _____