

**2017 Blue Knights Girls Basketball Clinic**  
**Registration Form (please print neatly)**

**2017**  
**BLUE KNIGHTS**  
**GIRLS BASKETBALL**  
**CLINIC**

**ELIGIBILITY:** Girls entering grades  
4<sup>th</sup> - 9<sup>th</sup> as of September, 2017

**DATES & TIME:**

Monday July 10th - Friday July 14th

**8:30-12:00**

**REGISTRATION:** Register by Friday  
June 30, 2017. **Space is limited –**  
**REGISTER EARLY!**

**DIRECTOR:** Mike Forgione  
Head Girls Basketball Coach  
Southington High School

**SITE:** Southington High School

**FEE:** \$155

For Further Information:  
Contact Coach Forge at  
mikeforgione@yahoo.com  
(860) 919-4991

**CLINIC HIGHLIGHTS**  
**EACH CAMPER WILL:**

- RECEIVE INDIVIDUAL SHOOTING INSTRUCTION EACH DAY
- BE INVOLVED IN INTENSIVE DRILL SESSIONS EACH DAY
- BE PLACED ON A TEAM BASED ON AGE AND/OR ABILITY LEVEL
- BE COACHED BY CURRENT AND FORMER BLUE KNIGHT PLAYERS
- COMPETE IN DAILY GAMES AND CONTESTS
- RECEIVE A CAMP T-SHIRT



**BLUE KNIGHTS**  
**BASKETBALL**

**Camper:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

School Grade (Sept. 2017) \_\_\_\_\_

**Parent/Guardian:**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**In case of emergency notify:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Fee \$155

T-Shirt size - circle one. **youth medium**

**youth large**

**adult small**

**adult medium**

**adult large**

Please make checks payable to **Mike Forgione**

**Mail to : Mike Forgione**

**46 Wyndcrest Court**

**Plantsville, CT 06479**

*\*Signature on next page\**

.....REGISTRATION FORM STARTS HERE.....

**Emergency Medical Information**

Does your child have asthma? Yes No  
(please circle)

Does your child have any known allergies?  
(Please list)

Does your child take any medication? (List)

Doctor's Name \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**PARENTS:** I hereby give permission for my daughter to participate in the 2017 Blue Knights Girls Basketball Clinic. I authorize the director of the camp to act for me according to their best judgment in an emergency requiring medical attention other than that maintained by the camp for which services I shall pay.

Signature of Parent or Guardian:

.....**CUT HERE AND RETURN WITH CLINIC REGISTRATION FEE**.....

**CLINIC GOAL:**

The Blue Knights Girls' Basketball Clinic primary goal is to help the campers learn and/or improve their basketball skills in a fun environment. Through exposure to fundamental skills, instructional stations and competitive situations, we hope to instill the desire it takes to become a successful basketball player.

We are looking forward to working with you this summer!

**Mike Forgione**  
**Head Girls Basketball Coach**  
**Southington High School**



(This camp is not run, sponsored, or endorsed by the Southington Public Schools or the Southington Board of Education.)

**2017**  
**BLUE KNIGHTS**  
**GIRLS BASKETBALL**  
**CLINIC**



**DATES:**

**Monday July 10th through**  
**Friday July 14th, 2017**

**LOCATION:**

**Southington High School**

**TIMES: 8:30 a.m. to 12:00 p.m.**

**FOR: Girls entering grades**  
**4th - 9th**

**\*As of September 2017\***