

2021 Lady Blue Knights Basketball Camp

Sponsored by

Southington Youth Basketball Association and Friends of Lady Knights Basketball

Open to Girls in Grades 2 thru 8,

Tuesday July 6 thru Friday, July 9, 9AM to NOON

Each camper receives a camp T-Shirt AND Basketball

Southington High School, 720 Pleasant St, Southington, Ct., 06489

All Skill Levels Are Welcome-Get Better Every Day!

Attendees will be instructed by Howard Hewitt, SHS Varsity Girls Coach and SHS Players

If you have any questions regarding the camp please email Coach Hewitt @ hjhoops@yahoo.com

\$100 per Camper or \$35 per day

Same Day Registration for an individual session requires a medical form and payment

Player Registration Form

Name _____ Age _____ HT _____ WT _____

Address _____ Parent/Guardian Phone _____

Email _____ Allergies/Special Needs _____

Please make checks payable to **Friends of Lady Knights Basketball**. **Payment can accompany this form at first day of camp or be sent to:**

**Howard Hewitt
911 Manchester Rd.
Glastonbury Ct. 06033**

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 a parent/guardian to the participating athlete, I agree to full responsibility(as does the athlete) for the personal health/safety of the athlete. I certify that the athlete is in good physical and mental condition and does not have a condition that could be aggravated by participation in the clinic. I understand that Southington Public School, Southington High School or anyone associated with the clinic will assume any responsibility for accidents and medical or dental expenses incurred because of participation in the clinic. In the event of an injury or illness, I authorize clinic staff to act for me according to their best judgement in providing medical care. Each athlete is responsible for personal property.

Print Parent/Guardian Name _____

Signature Parent/Guardian name _____ Date _____

Print Emergency Contact _____ Phone _____

Mandatory Medical Clearance

Option One-Provide a copy of your daughter's physical exam if within 24 months of the clinic with registration and fee

Option Two-Your daughter's pediatrician complete below and return with registration and fee.

Name _____ was last seen on (date) _____ for a physical exam. She was found to be in good health, up to date with immunizations and can participate in the 2021 Blue Knights Basketball Camp

Name of doctor or practice _____ Address _____

Signature _____

The clinic is not operated, sponsored or endorsed by the Southington public schools or the Southington Board of Education.

