2009
Boys Modified Fall Basketball Clinic

Instruction with Coach Norris
and the Skaneateles Boys Basketball Staff

Fee: $30

Saturdays from 10am to noon
From September 19th to October 24th
Please turn in form by September 10th

Please send checks to:
Skaneateles Boys Basketball Attn: Jim Ryan
35 East Street
Skaneateles NY, 13152

Skaneateles Boys Basketball
Fall Clinic Registration
2009

Name: _____ Date of Birth: _____

Grade Player is Going Into: _____ Home Phone Number: _____

Cell Phone Number: _____ Email: _____

Name of Parent(s): _____

Address: _____
_____

Health Conditions:

Please describe any health conditions we should be aware of:
_____

Emergency:

In case of an emergency, when parent(s) cannot be contacted, please contact:

Name _____ Phone _____
Address: _____ Relationship: _____

Authorization:

I give my permission for _____ to participate in the Skaneateles Boys Basketball Summer Clinic. I hereby authorize the coaches or team manager / trainer to provide emergency treatment to my child in the event that I cannot be contacted.

_____ _____
(Signature of Parent / Guardian) (Date)

Insurance Carrier _____ ID Number _____
Group Number _____

Please Send This Form and Payment to:
Skaneateles Boys Basketball Attn: Jim Ryan
49 East Elizabeth Street
Make Checks Payable to: Skaneateles Boys Basketball
Any Questions please contact Jim Ryan at 289-6676 / jryan@skanschools.org