



2009  
Boys Youth Fall  
Basketball Clinic



Instruction with Coach Norris  
and the Skaneateles Boys Basketball Staff

Fee: \$50

Tuesdays and Wednesdays from 4:00 to 5:30  
From September 15<sup>th</sup> to October 21<sup>st</sup>

**\*Please turn in form by September 10<sup>th</sup>\***



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](mailto:jryan@skanschools.org)