

2009



## Boys Summer Basketball Clinic

Instruction with Coach Norris and the  
Skaneateles Boys Basketball Staff

### Age Groups:

Entering 3<sup>rd</sup> & 4<sup>th</sup> – Monday and Tuesday from 3:30 – 5:00

Entering 5<sup>th</sup> & 6<sup>th</sup> – Monday and Tuesday from 3:30 – 5:00

Entering 7<sup>th</sup> & 8<sup>th</sup> – Monday 2 – 3:30 and Thursday 3:30 – 5:00

Fee: \$85 (\$10 extra for DeLaney jersey if needed)

From July 6<sup>th</sup> to August 20<sup>th</sup>

\*This clinic is replacing Coach Norris' Basketball Camp\*



Please send checks to:  
Skaneateles Boys Basketball Attn: Jim Ryan  
49 East Elizabeth Street



Skaneateles Boys Basketball  
Summer 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

PLEASE RETURN APPLICATION BY MAY 15<sup>TH</sup>