



2009
Boys Summer
Varsity / JV
Basketball Clinic



Instruction with Coach Norris
and the Skaneateles Boys Basketball Staff

Fee: \$50

Mondays and Tuesdays from 12:30 – 2
From July 6th to August 20th

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