

## Algonquin Basketball Clinic for Boys and Girls <u>2015 December Vacation week</u> \*\* Grades 3 – 8<sup>th\*\*</sup>

Monday - Thursday December 28 – 31, 2015 9:00 a.m. - Noon At Algonquin Regional High School

> Director: Coach Brian Doherty Algonquin Boys Varsity Head Coach

Also Staffed by: ARHS Basketball Coaches and Basketball Players

Program Features

Fundamentals and skills developmentCompetitive game conditions (3x3, 5x5)1-1 and small group instructionT-Shirt for each participantTuition:\$100 per camper

If you have any questions about the Clinic please contact: Brian Doherty: <u>coachdoherty@hotmail.com</u>

## Space is limited. Register today! \*\* Mail Application below / Keep portion of flyer above for reference Clinic Application

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ M: \_\_\_ F:\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ Email: \_\_\_\_\_

EMERGENCY PHONE CONTACT DURING CAMP: \_\_\_\_\_

I, \_\_\_\_\_\_\_, Parent/Guardian agree, by enrolling my son/daughter that he/she is physically and mentally able to participate in all of the clinic activities. In case of medical emergency and I cannot be reached, I hereby give permission to the physician selected by the staff to hospitalize and secure medical treatment for the child. I understand that my medical insurance is expected to cover my child for injuries. I agree not to hold the ARHS Basketball Clinic, its management and staff, and/or ARHS, its management and staff, responsible for any athletic, dental, or bodily injury that may occur to my son/daughter while attending Clinic. I realize and acknowledge that ARHS is not sponsoring this Basketball Clinic.

Please note any impairment which may affect your child's participation\_\_\_\_\_\_

(Parent or Guardian Signature)

(Parent or Guardian **Printed Name**)

Please mail: Clinic Application and \$100 check made payable to "ARHS Boys Basketball Boosters" by December 24th To: Brian Doherty, 31 Oak St, Westborough, MA 01581