



**SOUTHINGTON BOYS BASKETBALL
PRESENTS**



BLUE KNIGHTS

SUMMER BASKETBALL CLINIC

OPEN TO BOYS ENTERING

2nd THRU 8th GRADE



TWO FUN WEEKS TO CHOOSE FROM
2ND-3RD-4TH-5TH Grade – July 6th-10th 8:30am-3:30pm
6TH-7TH- 8TH Grade – July 13th-17th 8:30am-3:30pm



ALL SKILL LEVELS WELCOMED

LEARN THE "FUN" DAMENTALS OF THE GAME

LIVE THE GAME FOR FIVE FULL DAYS

LOVE THE SPORT, COMPETE AND GET BETTER EVERY DAY

LAUGH WITH YOUR FRIENDS WHILE MAKING NEW ONES

LOCATION SOUTHINGTON HIGH SCHOOL, 720 PLEASANT ST, SOUTHINGTON, CT 06489

CAMPERS WILL BE INSTRUCTED BY THE FOLLOWING

JOHN CESSARIO, SHS VARSITY BASKETBALL COACH

MARK BOROFKY, SHS JUNIOR VARSITY BASKETBALL COACH

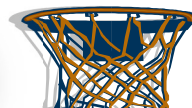
SOUTHINGTON HIGH SCHOOL BASKETBALL PLAYERS

GUEST SPEAKERS

WHO COULD THEY BE?

READY TO OFFER THEIR EXPERTISE TO ALL OF OUR CAMPERS

FIRST YOU BELIEVE IT, THEN YOU ACHIEVE IT



(THE CAMP IS NOT OPERATED, SPONSORED OR ENDORSED BY THE SOUTHINGTON PUBLIC SCHOOLS or THE SOUTHINGTON BOARD OF EDUCATION)

THE NAME(S) OF THE PLAYER(S) BECOMING GREAT AT THE GAME OF BASKETBALL

NAME _____ GRADE IN 2015-16 _____ AGE _____

NAME _____ GRADE IN 2015-16 _____ AGE _____

ADDRESS _____ PHONE _____

EMAIL _____ ALLERGIES/SPECIAL NEEDS _____

SCHOOL ATTENDING IN FALL 2015 _____

REGISTRATION DEADLINE IS TUESDAY, JUNE 30, 2015

_____ 5 DAY SESSION @ \$225 FOR ONE SIBLING \$ _____

_____ 5 DAY SESSION @ \$200 FOR MULTIPLE SIBLINGS IN A FAMILY \$ _____

TOTAL ENCLOSED \$ _____

EACH CAMPER RECEIVES A CLINIC T-SHIRT & PERSONALIZED CERTIFICATE OF ACCOMPLISHMENT

YOUTH T-SHIRT SIZE _____XL _____L _____M _____S (ONE PER CAMPER)

FRIDAY'S SESSION IS A 'THREES FOR TEES DAY'. PARENTS MAKE A 3 POINTER ON THEIR 1ST SHOT-WIN A CAMP TEE!
**ENSURE YOUR SON(S) WEAR SNEAKERS & BRING A DRINK TO REHYDRATE EVEN WITH OUR WATER AVAILABLE.
PACK A LUNCH! EACH CAMPER WILL BE PROVIDED AMPLE TIME TO RECHARGE WITH THE LUNCH THEY BRING.
SEE THE ENCLOSED OFFERING FROM FANCY BAGEL FOR TWO LUNCH SPECIALS FROM WHICH TO CHOOSE.**

FOR ANSWERS TO YOUR QUESTIONS PLEASE EMAIL COACH CESSARIO AT CESSARIO@COX.NET

PLEASE MAKE CHECKS PAYABLE TO JOHN CESSARIO, (PLEASE NO CASH)

MAIL FORMS & CHECKS TO 31 SILVER OAK CIRCLE, SOUTHINGTON, CT 06489

Parental signature (BELOW) is required to enroll the camper. With signature, I agree to all of the following: I understand playing basketball has risk of personal injury. As parent/guardian to participating student, I agree to full responsibility (as does the student) for the personal health/safety of the student. I certify the student is in good physical & mental condition, and does not have a condition that could be aggravated by participation in the **Blue Knights Summer Basketball Clinic**. I understand that Clap It Up, LLC, Southington High School nor anyone associated with the clinic will assume any responsibility for accidents and medical or dental expenses incurred because of participation in this program. In the event of an injury or illness, I authorize camp staff to act for me according to their best judgment in providing medical care. Each student is responsible for personal property.

PRINT PARENT/GUARDIAN NAME _____

SIGNATURE PARENT/GUARDIAN _____ DATE _____

PRINT EMERGENCY CONTACT _____ PHONE _____

MEDICAL CLEARANCE (PROVIDING MOST RECENT COPY OF PHYSICAL WILL SUFFICE IF WITHIN 24 MONTHS OF CAMP)

DATE _____

TO WHOM IT MAY CONCERN, _____ WAS LAST SEEN ON
(DATE) _____ FOR A PHYSICAL AND WAS FOUND TO BE IN GOOD HEALTH AND UP TO DATE WITH
IMMUNIZATIONS. HE/SHE IS PERMITTED TO PARTICIPATE IN THE CAN'T GET ENOUGH HOOPS CAMP.

NAME OF DOCTOR _____ ADDRESS _____

SIGNATURE _____



FANCY BAGELS IS OFFERING **TWO SPECIAL PACKAGES** FOR OUR CAMPERS

ORDERS WILL BE **DELIVERED** TO THE SCHOOL ON YOUR SON'S BEHALF!!!



EACH BAGEL SANDWICH COMES WITH ONE BAG OF SELECTED CHIPS/POPCORN AND A BOTTLED WATER

\$7.00 TURKEY & CHEESE WITH LETTUCE, TOMATO ON YOUR CHOICE OF A FANCY BAGEL

Please Circle One: MAYO MUSTARD

Please Circle One: Regular Chips BBQ Chips Sharp White Cheddar Popcorn

Please Specify Your Choice of Bagel: _____

Please circle which week camper is attending: July 6-10 July 13-17

Please Specify Your Quantity and Day:

_____ Mon _____ Tue _____ Wed _____ Thu _____ Fri TOTAL: _____ (a)

TOTAL X \$7.00 _____

\$6.00 BLT ON YOUR CHOICE OF A FANCY BAGEL

Please Circle One: MAYO MUSTARD

Please Circle One: Regular Chips BBQ Chips Sharp White Cheddar Popcorn

Please Specify Your Choice of Bagel: _____

Please circle which week camper is attending: July 6-10 July 13-17

Please Specify Your Quantity and Day:

_____ Mon _____ Tue _____ Wed _____ Thu _____ Fri TOTAL: _____

TOTAL X \$6.00: _____ (b)

TOTAL COMBINED FOOD ORDER ENCLOSED (top (a) and bottom (b)): \$ _____

PLEASE INCLUDE THIS ORDER FORM WITH THE FOOD ORDER CHECK PAYABLE TO **FANCY BAGEL (no cash please)**
PLEASE ENCLOSE THIS FORM AND CHECK WITH THE CLINIC ORDER FORM AND CHECK

CAMPER'S FULL NAME _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN PHONE # _____