



EA Basketball Boosters

BLUE DEVIL



BASKETBALL CLINIC

Players will have **FUN** learning the **FUN**-damentals and putting their skills to use through games and competitions.

Players' Ages: Current **2nd – 8th** Graders (*Girls and Boys*)

Any Level: Beginner – Experienced

Location: **The Boys & Girls Club of East Aurora**
16 Paine St., East Aurora, NY 14052

Dates: Mondays and Wednesdays
Wednesday, Sept. 19, 2018 – Wed. Oct. 24, 2018
(We **WILL** run the clinic on Columbus Day, Mon. 10/8/18)

Time: 6:00 - 7:15 pm

Cost: \$75.00 per Player -

Spots are limited to the first 50 paid registrations! Sign up today!

*Proceeds to support the East Aurora Basketball Program and help **FUND** the Modified Program (7th & 8th Grade Boys & Girls Basketball Program at the East Aurora Middle School)*

Players will learn from current Varsity & JV Coaches and Players!

All Players will receive a Tee-Shirt (Please note shirt size on registration form)

Please Sign Up At the EA Boys & Girls Club by Sept. 14, 2018.

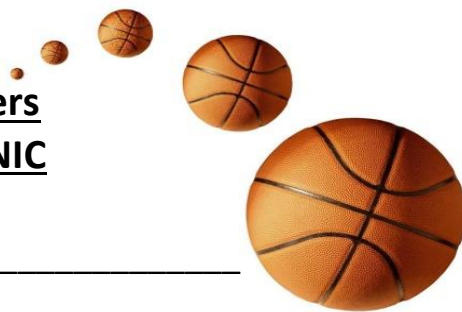
Checks made out to: EA Basketball Boosters

Email Chris Galvin for more information: galvininbuffalo@gmail.com

Like Us on **Facebook** for more Info: **East Aurora Basketball Boosters.**



East Aurora Basketball Boosters
BLUE DEVILS BASKETBALL CLINIC



REGISTRATION

Player Name: _____

Tee-Shirt Size: _____ (Adult/Youth)

Grade in School (2018-2019): _____

Name of School: _____

Home Address: _____

Home Phone: _____

Home Email: _____

Parent(s)/Guardian(s) Name(s): _____

Emergency Contact Name/Phone: _____

Relationship to Player: _____

Player's Doctor's Name/Phone: _____

Player's Health Insurance: _____

In case of emergency, **I give authorization** for emergency care and transportation of my child.

Parent/Guardian Signature: _____ Date: _____

Cost of Clinic: \$75.00 per Player Checks made out to: EA Basketball Boosters
Clinic Limited to first 50 PAID Registrations!

WAIVER OF LIABILITY

I hereby desire that my child, who is under 16 years of age, participate in the 2018 Blue Devils Basketball Clinic sponsored by the Boys & Girls Club of East Aurora. By condition of this release, I acknowledge and agree that all the requirements, directions, supervision and standards set by the directors of this program should be established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of her participation in this program, hereby intending to release East Aurora Schools, the East Aurora Basketball Boosters, The Boys & Girls Club of East Aurora, Gary Schutrum, Town/Village of East Aurora and all personnel associated with this Clinic from liability that may result from his participation. As a condition of participation in the Boys & Girls Club of East Aurora Basketball Clinic each participant must have a physical check-up by a certified physician within the last calendar year.

Parent/Guardian
Signature _____

Please list any physical/medical conditions that we should be aware of:

Email Chris Galvin for more information: galvininbuffalo@gmail.com

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For Office Use: Payment Received Date: _____