



# Coginchaug Basketball Club



## 12<sup>th</sup> Annual Sunset Hoops Clinic

- Who:** Girls & Boys entering 5<sup>th</sup> & 6<sup>th</sup> grades living in Durham and Middlefield
- What:** Basketball skills clinic focusing on the fundamentals & improving skills
- When:** Monday evenings; July 11 - August 15, 2016 from 7:00 p.m. – 8:30 p.m.
- Where:** Outdoor courts at Coginchaug Regional High School
- Fee:** \$30.00 registration fee (cash or check only)

Advanced registration is encouraged and we ask that you complete the form below by July 1, 2016. Checks can be made payable to Coginchaug Basketball Club. Completed registration form and payment may also be brought to the first session.

Mail registration and payment to:

Sarah Shafir/Coginchaug Basketball Club  
 29 Ivy Way  
 Durham, CT 06422

Any questions: Contact Sarah Shafir at 860-977-4088 or [smshafir@gmail.com](mailto:smshafir@gmail.com)

<b>Participant Name:</b>		<b>Grade:</b> (as of 09/01/2016)	
<b>Address:</b>		<b>Date of Birth:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Email Address:</b>			

The above named participant and the participant's parent/guardian have requested registration in Sunset Hoops Clinic. In consideration of such request, the right of the participant to compete in the Sunset Hoops Clinic and the use by the participant of the sponsoring agency's facilities and equipment, both the participant and the participant's parent/guardian each acknowledge that the participant will be participating in the clinic and the facility at the participant's sole risk, and the participants on his or her behalf of his or her heirs, executors, administrators, and assigns hereby release, discharge and agree to hold harmless Coginchaug Basketball Club. This also serves as a release to use participant's photos on the website for promotional material. Lastly, we certify that the information on the participant form is correct.

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
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