

**LACKAWANNA COUNTY COMMISSIONERS**  
**2004 BOYS AND GIRLS BASKETBALL CLINIC**

**PLEASE RETURN ENTIRE APPLICATION**

1. **SUBMIT APPLICATION IMMEDIATELY!** For maximum effect each clinic will be limited.
2. Instruction will be given by local High School and College coaches.
3. Age group competition w/ be held and awards presented for one-on-one/foul shooting/hot shot.
4. **CLINIC FEE:** \$10.00 per applicant ---- includes Camp and T-shirt.  
**Make checks payable to: Lackawanna County Treasurer**  
**Mail w/ application to: McDade Park; Bald Mountain Road; Scranton, PA 18504.**
5. Each applicant ***must*** indicate T-shirt size (circle one size only).
6. **TIME:** All clinics start at **6:30 P.M. sharp** and end at **8:30 P.M.**
7. Each applicant ***must*** check (X) one clinic site per application.
8. **REMEMBER YOUR SITE & STARTING DATE; YOU WILL NOT RECEIVE A CONFIRMATION!**

**CLINIC SITES and DATES**

- \_\_\_ **Dunmore Senior High School ---- ELEMENTARY CLINIC** (4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> grades only)  
**Dates:** Sept 20, 21, 22, 23
- \_\_\_ **West Scranton High School ----- ELEMENTARY CLINIC** (4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> grades only)  
(use boy's gym entrance on 12<sup>th</sup> street) **Dates:** Sept 27, 28, 29, 30
- \_\_\_ **Carbondale Area High School --- ELEMENTARY CLINIC** (4<sup>TH</sup>, 5<sup>TH</sup>, 6<sup>TH</sup> grades only)  
**Dates:** Oct 4, 5, 6, 7
- \_\_\_ **Dunmore Senior High School ---- JUNIOR HIGH CLINIC** (7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup> grade only)  
**Dates:** Oct 25, 26, 27, 28
- \_\_\_ **North Pocono High School ----- ELEMENTARY CLINIC** (4<sup>TH</sup>, 5<sup>TH</sup>, 6<sup>TH</sup> grade only)  
**Dates:** Oct 18, 19, 20, 21
- \_\_\_ **Valley View High School ----- ELEMENTARY CLINIC** (4<sup>TH</sup>, 5<sup>TH</sup>, 6<sup>TH</sup> grade only)  
**Dates:** Oct 18, 19, 20, 21

**PARENT/GUARDIAN please read before signing:** In consideration of the acceptance of my application I do hereby, for myself, my heirs, executors and administrators waive, release and forever discharge all the Clinicians, Lackawanna County and their officials and the above clinic sites plus their officials from claims of personal injury should any occur.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**PLEASE PRINT:**

Child's  
Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Sz/Adult S M L XL

