

**LACKAWANNA COUNTY COMMISSIONERS
2007 BOYS AND GIRLS BASKETBALL CLINIC
PLEASE RETURN ENTIRE APPLICATION**

SUBMIT APPLICATION IMMEDIATELY! For maximum effect each clinic will be limited. Instruction will be given by local High School and College coaches. Age group competition w/ be held and awards presented for one-on-one/foulshooting/hotshot. **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 OR BRING THE FIRST EVENING OF THE CLINIC.
TIME: All clinics start at 6:30 P.M. sharp and end at 8:30 P.M.

REMEMBER YOUR SITE & STARTING DATE; YOU WILL NOT RECEIVE A CONFIRMATION!

CLINIC SITES AND DATES

Please Check One:

- | | | |
|-------------------------------------|--------------------------|--|
| ___ West Scranton High School ----- | <u>ELEMENTARY CLINIC</u> | (4 th , 5 th , 6 th grades only)
Dates: Sept 24 th , 25 th , 26 th , 27 th |
| ___ Carbondale Area High School --- | <u>ELEMENTARY CLINIC</u> | (4 TH , 5 TH , 6 TH grades only)
Dates: Oct 1 st , 2 nd , 3 rd , 4 th |
| ___ Abington High School ----- | <u>ELEMENTARY CLINIC</u> | (4 ^{4th} , 5 th , 6 th grades only)
Dates: Oct 1 st , 2 nd , 3 rd , 4 th |
| ___ North Pocono High School ----- | <u>ELEMENTARY CLINIC</u> | (4 TH , 5 TH , 6 TH grade only)
Dates: Oct 15 th , 16 th , 17 th , 18 th |
| ___ Valley View Intermediate School | <u>ELEMENTARY CLINIC</u> | (4 TH , 5 TH , 6 TH grade only)
Dates: Oct 15 th , 16 th , 17 th , 18 th |
| ___ Scranton High School ----- | <u>ELEMENTARY CLINIC</u> | (4 th , 5 th , 6 th grades only)
Dates: Oct 22 nd , 23 rd , 24 th , 25 th |

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 _____

School _____

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