



# 2012 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. **CLINIC FEE: \$15.00 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.

**All clinics start at 6:30 P.M. sharp and end at 8:30 P.M.**

**CLINIC SITES AND DATES - Please Check One:**

- \_\_\_ Lakeland High School .....ELEMENTARY CLINIC (4th, 5th, 6th grades only)  
Dates: Oct 15,16,17,18
- \_\_\_ North Pocono High School .....ELEMENTARY CLINIC (4th, 5th, 6th grades only)  
Dates: Oct 15,16,17,18
- \_\_\_ South Abington Elementary School .....ELEMENTARY CLINIC (4th, 5th, 6th grades only)  
Dates: Oct 15, 16, 17, 18
- \_\_\_ Scranton High School.....ELEMENTARY CLINIC (4th, 5th, 6th grades only)  
Dates: Oct 22, 23, 24, 25
- \_\_\_ Valley View Intermediate School.....ELEMENTARY CLINIC (4th, 5th, 6th grades only)  
Dates: Oct 22, 23, 24, 25

**PLEASE PRINT:**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ SHIRT SIZE: YOUTH : S M L XL

*(Your e-mail will only be used for confirmation and upcoming events)*

**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 volunteers, Lackawanna County employees, their officials and McDade Park from claims of personal injury should any occur.

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