



# LACKAWANNA COUNTY COMMISSIONERS 2010 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 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 .....ELEMENTARY CLINIC (4th, 5th, 6th grades only)  
*Dates: Sept 27th, 28th, 29th,30th*
- \_\_\_ S. Abington Elem. School .....ELEMENTARY CLINIC (4th, 5th, 6th grades only)  
*Dates: Sept 27th, 28th, 29th, 30th,*
- \_\_\_ Carbondale Area High School.....ELEMENTARY CLINIC (4TH, 5TH, 6TH grades only)  
*Dates: Oct 4th, 5th, 6th, 7th*
- \_\_\_ North Pocono High School .....ELEMENTARY CLINIC (4TH, 5TH, 6TH grade only)  
*Dates: Oct 4th, 5th 6th, 7th*
- \_\_\_ Valley View Intermediate School.....ELEMENTARY CLINIC (4TH, 5TH, 6TH grade only)  
*Dates: Oct 18th, 19th, 20th, 21st*
- \_\_\_ Scranton High School .....ELEMENTARY CLINIC (4th, 5th, 6th grades only)  
*Dates: Oct 18th, 19th, 20th, 21st*

**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 fromclaims of personal injury should any occur.*

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

**PLEASE PRINT:**

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

School \_\_\_\_\_

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