



LACKAWANNA COUNTY COMMISSIONERS 2009 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: \$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 SchoolELEMENTARY CLINIC (4th, 5th, 6th grades only)
Dates: Sept 28th,29th,30th,Oct 1st
- ___ Abington High SchoolELEMENTARY CLINIC (4th, 5th, 6th grades only)
Dates: Sept 28th,29th,30th,Oct 1st
- ___ Carbondale Area High School.....ELEMENTARY CLINIC (4TH, 5TH, 6TH grades only)
Dates: Oct 5th, 6th, 7th, 8th
- ___ North Pocono High SchoolELEMENTARY CLINIC (4TH, 5TH, 6TH grade only)
Dates: Oct 5th, 6th 7th, 8th
- ___ Valley View Intermediate School.....ELEMENTARY CLINIC (4TH, 5TH, 6TH grade only)
Dates: Oct 19th, 20th, 21st, 22nd
- ___ Scranton High SchoolELEMENTARY CLINIC (4th, 5th, 6th grades only)
Dates: Oct 19th, 20th, 21st, 22nd

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 Size / Adult: S M L XL