

**LACKAWANNA COUNTY COMMISSIONERS  
2008 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 will be held and awards presented for one-on-one/foulshooting/hotshot.
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**

**Please Check One:**

___ West Scranton High School ----- <u>ELEMENTARY CLINIC</u> (use boy's gym entrance on 12 <sup>th</sup> Street)	(4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> grades only) <u>Dates:</u> Sept. 22,23,24,25
___ Abington High School ----- <u>ELEMENTARY CLINIC</u>	(4 <sup>TH</sup> , 5 <sup>TH</sup> , 6 <sup>TH</sup> grades only) <u>Dates:</u> Sept. 22,23,24,25
___ Carbondale Area High School --- <u>ELEMENTARY CLINIC</u>	(4 <sup>4th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> grades only) <u>Dates:</u> Sept. 29,30, Oct. 1,2
___ North Pocono High School ----- <u>ELEMENTARY CLINIC</u>	(4 <sup>TH</sup> , 5 <sup>TH</sup> , 6 <sup>TH</sup> grade only) <u>Dates:</u> Oct. 6,7,8,9
___ Valley View Intermediate School <u>ELEMENTARY CLINIC</u>	(4 <sup>TH</sup> , 5 <sup>TH</sup> , 6 <sup>TH</sup> grade only) <u>Dates:</u> Oct. 20,21,22,23
___ Scranton High School ----- <u>ELEMENTARY CLINIC</u>	(4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> grades only) <u>Dates:</u> Oct. 20,21,22,23

**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