



"FALL GAME PLAN 2020" Sponsored by the Ct. Cobras



SESSION 1, MONDAY & WEDNESDAY OCTOBER 5, 7, 12, 14, 19, 21, 26, 28. TIME: 4:30PM-6:00PM

SESSION 2, MONDAY & WEDNESDAY NOVEMBER 2, 4, 9, 11, 16, 18, 23, 25. TIME: 4:30-6:00PM

PLACE: SPORTS ON 66

265 WEST HIGH ST

EASTHAMPTON CT

FEE: \$200.00 PER SESSION

Russhill2323@gmail.com

FOLLOWING SKILLS:

**SHOOTING, ONE ON ONE MOVES, MOVES OFF THE DRIBBLE.
BALL HANDLING AND SHOOTING FILMED AND EVALUATED TWICE.**

Clinic Director Russell Hill 860-798-4455

Ct. Cobra Staff

Make Checks Out To:
Ct. Cobras
P.O. Box 375
Durham Ct. 06422

PLEASE PRINT STUDENTS INFORMATION

NAME _____ CELL# _____

ADDRESS _____ PHONE# _____

GRADE _____

E-MAIL _____

EMERGENCY CONTACT _____ PHONE# _____

CHECK SESSION: **SESSION 1** _____ **SESSION 2** _____

AMOUNT OF CHECK _____ CHECK# _____

Please list any medical problems concerning your Student, including allergies or medications:

I hereby give permission for the above Student to participate in the Fall Game Plan Program. I certify that he/she is in good health. I have listed above any allergies, conditions and or medications that the program personnel should be aware. I further authorize the Fall Game Plan staff to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be located. In case of injury I understand that I am responsible for all financial liabilities.

Parent Signature _____ Date _____