

COBRA SUMMER BASKETBALL CLINIC'S 2020

SPONSORED BY THE CT. COBRAS

Session 1, June 29-July 2 Session 2, July 6-July 9
Sports on 66 265 West High Street, East Hampton, Ct.

GIRLS & BOYS

FEE \$125.00 per session **(LIMITED ENROLLMENT)**

860-798-4455 Russhill2323@gmail.com

Details: Skill Development Clinic on Primarily Offensive Skills. Special focus on Shooting, Ball Handling, Passing, Transition jump training (plyo boxes) **Ct. Cobras will closely follow and monitor all CDC guidelines related to youth-activities and policies.**

Staff: Russell Hill (Director and Clinician) Assisted by Bernie Brennan,
Jackson Benigni (Stonehill University) & Ct Cobra AAU Coaches.



Please Print

Player's Name:

Last _____ First _____

Street _____ Town _____

Zip _____ School Attending _____ Grade _____

Phone _____ Parent's Names _____

E-Mail _____

Amount of check _____ Check # _____

125.00 Please Make Checks Payable to Connecticut Cobras. P.O. Box 375, Durham Ct. 06422

Please check session that you will be attending

_____	SESSION 1A GRADES 5-7	9AM-10:45	JUNE 29-JULY 2	FEE: 125.00
_____	SESSION 1B GRADES 8-12	11:AM-1PM	JUNE 29-JULY 2	FEE: 125.00
_____	SESSION 2A GRADES 5-7	9AM-10:45	JULY 6-JULY 9	FEE: 125.00
_____	SESSION 2B GRADES 8-12	11:AM-1PM	JULY 6-JULY 9	FEE: 125.00

Allergies/Medical Conditions/Medicines

I understand that participation in this (these) programs(s) involve risks of personal and bodily injury, including but not limited to paralysis, heart attack and death, as well as loss or damage to property. I realize that activities such as this may be inherently dangerous activities and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, successors, and assigns to hold harmless the Ct. Cobras, its affiliates, subsidiaries and any other entity associated with this (these) program(s), and each of their directors, officers, agents, representatives, employees, volunteers, successors and assigns from all liability an account of injury, loss claim, or damage to my body, health, well-being or property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release are applicable to any and all of my dependents that take part in this (these) programs (s). (Release applicable to phone registrations as well).

PERMISSION TO BE PHOTOGRAPHED FOR COBRA ANNOUNCEMENTS YES _____ NO _____

Signature of Parent _____ Date _____