



# “FALL GAME PLAN 2019”



## Sponsored by the Ct. Cobras

**DATES: MONDAY & WEDNESDAY**

**SEPT: 16, 18, 23, 25, 30. OCT: 3, 7, 9, 14, 16, 21, 23, 28, 30. NOV:4, 6.**

**LIMITED 20 PLAYERS**

**TIME: 4:30pm-6:00pm**

**PLACE: SPORTS ON 66**

**265 WEST HIGH ST**

**EASTHAMPTON CT**

**FEE: \$320.00 for all DATES**

**Drop in's welcome @ \$25.00 per session,**

**PLEASE CALL 860-798-4455 IF DROPPING IN FOR A SESSION**

[Russhill2323@gmail.com](mailto: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#** \_\_\_\_\_

**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** \_\_\_\_\_