

MARCH MADNESS BASKETBALL CLINIC 2020

SOLD OUT LAST 7 YEARS!



SPONSORED BY THE CT. COBRAS

MARCH 16, 17, 18, 19.

MERCY HIGH SCHOOL

1740 RANDOLPH RD

MIDDLETOWN CT. 06422

GIRLS & BOYS GRADES 4 -11 TIME: 6:00-8:00

FEE \$85.00 (LIMITED ENROLLMENT)

860-798-4455 Russhill2323@gmail.com

Details: Skill Development Clinic on Primarily Offensive Skills. Special focus on Shooting, Ball Handling, Moves off the Dribble, One on One, Moving without the ball, Games, Post Play. Added New to Clinic this year, All Players Shooting will be filmed and evaluated. Great clinic to get ready for your season. Clinic is open to all interested players. You do not have to be a Cobra Member to attend.

Staff: Russell Hill (Director and Clinician) Assisted by Bernie Brennan. Ct Cobra AAU Coaches.

Please bring a reversible jersey. (Ct. Cobra reversible will be sold). Reversible does not have to be a Cobra reversible.

Please Print

Player's Name:

Last _____ First _____

Street _____ Town _____

Zip _____ School Attending _____ Grade _____

Phone _____ Cobra Coach _____

E-Mail _____

Amount of check _____ Check # _____

AMOUNT \$85.00

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

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** _____

