

MEDICAL FORM

Family Doctor:

Doctor's Phone No.: _____

Name of Insurance Company:

Policy Number: Subscriber's Name:

Please list any medication your child is taking:

Please note any physical limitations:

Emergency Contact: (Name & Phone)

Immunization records must be sent along with registration and proof of medical/accident insurance is required before attending the clinic.

26th ANNUAL BASKETBALL CLINIC WAIVER

I hereby give my child permission to participate in the **Catholic Memorial Basketball Clinic**. My child has had a recent physical examination and has been declared fit to participate in basketball by our family physician or other agency. I waive and release the **Catholic Memorial Basketball Clinic** from claims arising from attendance at the clinic. In the event of injury, I would like my child attended to immediately. I hereby give my permission to the **Catholic Memorial Basketball Clinic Staff** to act on my behalf until I can be contacted.

Signature of parent /guardian:

Date _____

CLINIC STAFF

The Basketball Clinic will feature a professional, caring staff. Each member of the Basketball Staff is committed to providing each player with a safe, enjoyable basketball experience while learning the fundamentals of the game. Our entire staff is dedicated to teaching the values of teamwork, sportsmanship, and working to instill self-confidence in each and every player.



*“Great teams are made
during the season;
but great players are made
during the off-season!”*

CHECK-IN

Clinic check-in on the first day begins at **8:30 AM**. At that time, all players should be accompanied by a parent or guardian. Each player **must** have a registration form and signed medical waiver on file.

There will be a licensed athletic trainer on staff throughout the entire clinic in case of emergency.

*Please be sure to have
Player's Name on any items
that they may bring to the clinic.*

CATHOLIC MEMORIAL 26TH ANNUAL BASKETBALL CLINIC



**Ronald Perry
Gymnasium**

at

Catholic Memorial
235 Baker Street
West Roxbury, MA 02132
617-469-8000

26TH ANNUAL BASKETBALL CLINIC

Welcome to the 26th Annual Basketball Clinic where your son/daughter will learn the game of basketball from some of the top high school coaches in the area.

All phases of the game will be covered with a particular emphasis placed on fundamentals. Each player will also play in at least one game per day.

There will be a break with drinks provided, but no lunch. The Cafeteria will be open if your child wishes to purchase snacks.

The daily schedule will run from 9:00 am - 1:00 pm, Monday through Thursday. **

DIRECTORS

Clinic Director - DENIS TOBIN

- Head Coach of Catholic Memorial Basketball The 2007-2008 Division II State Champions.
- 26th Year working the CM Basketball Clinic
- Teacher at Catholic Memorial
- Boston Globe, Div. II Coach of the Year 2006-07

Assistant Director - ED SPRISLER

- Assistant Coach of Catholic Memorial Basketball Team
- 26th Year working the CM Basketball Clinic
- Boston Globe, Div. II Coach of the Year 1974
- Mass Basketball Coaches Assoc. – Asst. Coach of the Year 2009

Assistant Director - BR. JOHN CROWLEY, C.F.C.

- Assistant Coach of Catholic Memorial Basketball Team
- 26th Year working the CM Basketball Clinic

Camp Trainer, Head Referee - LEN FINAMORE

- Certified Athletic Trainer, EMT
- Board Certified IAABO #54 Official

COST OF CLINIC

\$120.00 Per Player/Per Week

\$230.00 Per Player/ Two Weeks

A non-refundable deposit
should be sent with this application.

\$60.00 for one week

\$115.00 for two weeks

Make Checks Payable To:

Catholic Memorial

Mail Checks To:

Denis Tobin

c/o 26th Annual Basketball Clinic

Catholic Memorial School

235 Baker Street

West Roxbury, MA 02132-4375



For further information, please call Catholic Memorial at 617-469-8000, Ext. 5026.

Applications may be dropped off at Catholic Memorial any school day between 8:00 am and 3:00 pm or mailed to the address above.



REGISTRATION FORM

26th Annual Basketball Clinic

Player's

Name: _____

Parent/

Guardian's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work /Cell Phone: _____

Grade in Sept. 2010: _____

Date of Birth: _____

Amount Enclosed: _____

T-Shirt Size: Sm___ Med___ Lg___ XL___ XXL___

CHECK ONE or TWO:

_____ June 21st - 24th (Grades 3, 4, 5) Boys & Girls

_____ June 28th - July 1st (Grades 4, 5, 6) Boys Only

_____ July 6th - 9th (Grades 6, 7, 8) Boys Only ++

(Will run Tuesday through Friday)

_____ July 12th - 15th (Grades 7, 8, 9) Boys Only

Non-refundable DEPOSIT:

\$60 (1 week), \$115 (2 weeks)