



**SOUTHINGTON BOYS BASKETBALL
PRESENTS**



**2021 BLUE KNIGHTS SUMMER BASKETBALL CLINIC
OPEN TO BOYS ENTERING 3rd THRU 8th GRADE**

WEEK OF JULY 26TH - 30TH

Session 1 – 3rd/4th Graders - 8:00 AM – 11:00 AM (Mon-Fri)

Session 2 - 5th/6th Graders – 11:30 AM– 2:30 PM (Mon-Fri)

Session 3 - 7th/8th Graders – 3:00 PM – 6:00 PM (Mon-Fri)



“LET US GET BACK TO BASKETBALL!”

ALL SKILL LEVELS ARE WELCOMED

COMPETE WITH YOUR ASSIGNED TEAM

GROW WITH THE “FUN”DAMENTALS

DEVELOP BY GETTING BETTER EACH DAY

ENJOY WITH YOUR FRIENDS WHILE MAKING NEW ONES

WHERE: SOUTHINGTON HIGH SCHOOL, 720 PLEASANT ST, SOUTHINGTON, CT 06489

**CAMPERS INSTRUCTED & MENTORED BY
JOHN CESSARIO, SHS VARSITY BASKETBALL COACH &
SHS BASKETBALL PLAYERS**

HUNDREDS OF SHOTS TO BE TAKEN EVERY DAY



COMPETITION DRILLS & CONTESTS



FUNDAMENTALS – PASSING, DRIBBLING & MORE



GAME PLAY (1v1), (2v2), (5v5)



ALL IN 3 HOURS A DAY FOR 5 DAYS!!!!

THE COST FOR THE CLINIC IS \$135 PER FIVE DAY SESSION

WE CARE ABOUT THE SAFETY OF YOUR CHILD...PROTOCOLS ARE IN PLACE.

ENSURE YOUR SON WEARS SNEAKERS & BRINGS A DRINK(S) TO REHYDRATE.

THIS IS A FULLY INSURED CLINIC IN AN AIR CONDITIONED ENVIRONMENT.

EACH CAMPER RECEIVES A CLINIC TEE & CERTIFICATE.

FOR ANSWERS TO YOUR QUESTIONS PLEASE EMAIL CESSARIO@COX.NET

THE NAME OF THE PLAYER(S) BECOMING GREAT AT THE GAME OF BASKETBALL (PLEASE COMPLETE IN ITS ENTIRETY)

NAME _____ GRADE IN 2021-22 _____ AGE _____

ADDRESS _____ PHONE _____

EMAIL _____ ALLERGIES/SPECIAL NEEDS _____

SCHOOL ATTENDING IN FALL 2021 _____

EMERGENCY CONTACT NAME _____ PHONE _____

REGISTRATION DEADLINE- WEDNESDAY, JULY 21ST, 2021 – FEE IS NON REFUNDABLE AFTER THE REGISTRATION DEADLINE

SESSION 1 - 3rd/4th Graders (8:00am-11:00am M-F) @ \$135 \$ _____

SESSION 2 - 5th/6th Graders (11:30am-2:30pm M-F) @ \$135 \$ _____

SESSION 3 - 7th/8th Graders (3:00pm-6:00pm M-F) @ \$135 \$ _____

T-SHIRT SIZE (PLEASE CHECK ONE) A-M A-S Y-XL Y-L Y-M Y-S

**PLEASE RETURN THIS COMPLETED FORM WITH A CHECK MADE PAYABLE TO "BKSBC"
MAIL FORM & CHECK TO 31 SILVER OAK CIRCLE, SOUTHLINGTON, CT 06489**

MANDATORY MEDICAL CLEARANCE (MUST BE FILLED OUT COMPLETELY)

OPTION #1 - PROVIDE THE MOST RECENT COPY OF YOUR SON'S PHYSICAL EXAM RESULTS IF ATTAINED WITHIN 24 MONTHS OF THE CLINIC WITH THE REGISTRATION FORM AND PAYMENT.

OPTION #2 – HAVE YOUR SON'S PEDIATRICIAN COMPLETE THE FOLLOWING AND PROVIDE BACK WITH THE REGISTRATION FORM AND PAYMENT....PLEASE ENSURE THE DOCTOR'S SIGNATURE IS FOUND WITHIN THIS CLEARANCE.

TO BKSBC, (NAME) _____ WAS LAST SEEN ON (DATE) _____ FOR A PHYSICAL EXAM. HE WAS FOUND TO BE IN GOOD HEALTH, UP TO DATE WITH IMMUNIZATIONS & CAN PARTICIPATE IN THE 2021 BLUE KNIGHTS SUMMER BASKETBALL CLINIC.

NAME OF DOCTOR OR PRACTICE _____ ADDRESS _____

DOCTOR'S SIGNATURE _____

HEALTH INSURANCE INFORMATION (MUST BE FILLED OUT COMPLETELY)

HEALTH INSURANCE COMPANY _____ POLICY HOLDER _____

POLICY NUMBER _____ EMPLOYER OF POLICY HOLDER _____ WORK PHONE _____

ADDRESS OF EMPLOYER _____

PERMISSION AND RELEASE TO ALL CLAIMS

Parental signature (BELOW) is required to enroll your child. With signature, I agree to all of the following: I understand playing basketball has risk of personal injury. As parent/guardian to participating student, I agree to full responsibility (as does the student) for the personal health/safety of the student. I certify the student is in good physical & mental condition, and does not have a condition that could be aggravated by participation in the **Blue Knights Summer Basketball Clinics (BKSBC)**. I assume all responsibility for notifying the clinic of any change in my child's health both before and during participation. In the event of an injury or illness, I authorize clinic staff to act for me according to their best judgment in providing medical care. BKSBC nor anyone associated with the clinic will assume any responsibility for accidents and medical or dental expenses incurred because of participation in this program.

I, for myself and on behalf of the participant hereby release, forever discharge and agree to hold harmless and indemnify Southington Public Schools, Southington High School, John Cessario, employees and staff from any and all liability, claims or demands, of any nature whatsoever which may be incurred or suffered by me or my child-participant arising out of or while participating in the BKSBC. I hereby assume, on my own behalf and on behalf of my child-participant, all risk of personal injury, sickness, death, damage and expense in connection of the BKSBC.

Each student is responsible for personal property. I give my full permission to BKSBC to use for any purpose any photographs, videos or other recordings of me or my minor child that are made during the course of the clinic.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

(THE CAMP IS NOT OPERATED, SPONSORED OR ENDORSED BY THE SOUTHLINGTON PUBLIC SCHOOLS or THE SOUTHLINGTON BOARD OF EDUCATION)