

# Boys Basketball Clinic



## Redhawk Basketball Academy

### Fall Clinic

### Friday

Sept. 8, 15, 22, 29, Oct. 6

4:30 PM - 5:30 PM Boys entering grades 5, 6

5:30 PM – 6:30 PM Boys entering grades 7, 8

Location: Natick Community Center

Cost: \$100

Space is limited – First Come First Serve  
Portions of the proceeds will benefit N.H.S. Basketball

#### Clinic Staff:

Sam Doner, Natick High School Boys Varsity Coach

Brett McCarthy, Natick High School Boys J.V. Coach

Seth Levine, Natick High School Boys Varsity Assistant Coach

For questions regarding Redhawk Basketball Academy, email [redhawkbasketballacademy1@gmail.com](mailto:redhawkbasketballacademy1@gmail.com)

If you would like additional information about Doner Elite clinics and camps please visit <http://donerelite.com/>.

# Redhawk Basketball Academy Fall Clinic

Natick Community Center

Sept. 8, 15, 22, 29, Oct. 6,

## Registration Form *(please print)*

Participant's Name \_\_\_\_\_ Grade \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address (print clearly) \_\_\_\_\_

Current School \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Best Phone Number \_\_\_\_\_

Emergency contact \_\_\_\_\_ Telephone \_\_\_\_\_

### Medical information and allergies

I hereby pledge for myself, my heirs, executors, or administrators to waive and release all rights and claims for damages I may have against the agency. I also release the organization's agents, assigns, or officials for all injuries suffered by my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency information

Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the

attending physician and staff to treat CAMPER \_\_\_\_\_ for anesthesia, medical, x-ray, and surgical procedures as may be deemed necessary or advisable. I understand in an emergency, whenever possible, an attempt will be made to communicate with me prior to the use of this permission.

Insurance company \_\_\_\_\_

Number \_\_\_\_\_

Signature \_\_\_\_\_

**Please make checks payable to: Redhawk Basketball Academy**

Mail to: Seth Levine, 9 Dover Road, Natick, MA 01760