

# Boys Basketball Clinic



## Redhawk Basketball Academy

At Natick High School

June 26 – June 29

Tuesday, Wednesday, Thursday, Friday

8:30am – 10:25 am: Boys entering grades 5, 6

10:30am – 12:25pm: Boys entering grades 7, 8

1:00pm – 2:55pm: Boys entering grades 9,10,11,12

Cost: \$110 per child

Please have each participant bring a water bottle and a basketball

**Camp Director: Sam Doner, Natick High School Boys Varsity Coach**

Sam has been developing and inspiring players for over 17 years. Many of his players have gone on to play collegiately and professionally.

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

For additional information about Doner Elite clinics and camps please visit <http://donerelite.com>

**Redhawk Basketball Academy Summer Clinic**  
**Natick High School**  
**June 26 – June 29**

**Registration Form** *(please print)*

Participant's Name \_\_\_\_\_ Entering 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 (Redhawk Basketball Academy inc.) 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 participant \_\_\_\_\_ 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 Check Box**

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**Boys entering**  
**Grades 5, 6**

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**10:30 am – 12:25 pm**  
**Boys entering**  
**Grades 7, 8**

**Tuesday-Friday**  
**June 26– June 29**  
**1:00pm – 2:55 pm**  
**Boys Entering**  
**Grades 9,10,11,12**

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

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