

TOWN OF RED HOOK RECREATION COMMISSION
7340 SOUTH BROADWAY
RED HOOK, NEW YORK 12571
Telephone: 845-758-4625~Fax: 845-758-5313

2006 RED HOOK COED SUMMER BASKETBALL CLINIC

GENERAL INFORMATION

The purpose of this coed basketball clinic is to provide a high quality, low-cost alternative for those young athletes in Red Hook between the ages of 10 and 16 who wish to improve their basketball skills and knowledge during the summer. A special focus of the camp is to provide each participant with an understanding of what should be practiced over the rest of the summer to become a better player.

DATES: 26 June – 29 June 2006
Monday - Thursday
TIME: 8:30 a.m. to 12:30 p.m. daily
AGES: 10 to 16 years old
PLACE: Red Hook High & Middle School
Gymnasiums
COST: \$65.00 per participant
**Please make checks payable to:
Red Hook Summer Basketball Clinic**

TRANSPORTATION: Participants must provide their own transportation!

LUNCH: Participants should provide their own **light** lunch and beverage. Bring a water bottle!

PERMISSION SLIP: Complete the attached Permission Slip.

**TOWN OF RED HOOK RECREATION COMMISSION
7340 SOUTH BROADWAY
RED HOOK, NEW YORK 12571
Telephone: 845-758-4625~Fax: 845-758-5313**

2006 RED HOOK COED SUMMER BASKETBALL CLINIC

Dear Parent/Guardian:

Your son/daughter has indicated a desire to participate in the Red Hook Summer Coed Basketball Clinic.

The Town of Red Hook Recreation Commission does not provide medical insurance for the participants in the event of injury. Please understand that hospital or medical fees will be your responsibility through your own insurance.

Please understand that risk of injury exists in all participation in sports. All youth participate at their own risk.

Please read, complete, and return this permission slip if you wish to have your son/daughter participate in the Red Hook Coed Summer Basketball Clinic.

No one will be allowed to participate without a completed permission slip.

PLEASE PRINT!

Date: _____

_____ has my permission to

Name
participate in the Red Hook Coed Summer Basketball Clinic.

Age: _____ Birth Date: _____ Grade (next year): _____

Address: _____

Phone #: _____ Work Phone #: _____

Emergency Name & Phone #: _____

Relationship: _____

Allergies/Medical Conditions: _____

Medications Taken Regularly: _____

Doctor's Name: _____ Phone #: _____

T-SHIRT SIZE (Adult sizes only!) Circle One: S M L XL

We give our consent and approval to the participation of the applicant in the Red Hook Coed Summer Basketball Clinic and certify that he/she is physically fit and medically able to participate in all activities.

Parent/Guardian Signature: _____

Applicant's Signature: _____

Date: _____