

# **2<sup>nd</sup> Annual Coach Goode/Bishop Kearney**

## **Basketball Skills Clinic**

**For boys and girls: Ages 7-14 - - - 9:00 am – 3:00 pm**

**Monday Feb. 16 – Wednesday Feb. 18**

**The Clinic:** The Coach Goode/Bishop Kearney Basketball Skills Clinic is designed for grades 3 – 8, to improve their individual basketball skills in drill and game situations.

**Location:** Ed Nietopski Gymnasium at Bishop Kearney High School

**Schedule:** Each session will consist of skill stations, contests and games

**Cost:** \$200 per child – Please make checks payable to Coach K. Goode Basketball Clinic

Each camper will receive a Camp T-shirt, a pair of Nike Elite Socks and **if you register BEFORE Feb. 2<sup>nd</sup>, you will receive a pair of NIKE basketball sneakers.**

Lunch is provided and consists of 2 Slices of pizza and Gatorade.

# Basketball Skills Clinic Registration Form

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**T-SHIRT SIZE (adult size):** S M L XL XXL (circle one)

**SNEAKER SIZE:** \_\_\_\_\_ (If before Feb. 2<sup>nd</sup>)

## Insurance release

We (I) the parents of \_\_\_\_\_ hereby authorize the staff of the Coach Kevin Goode/Bishop Kearney Basketball Skills Clinic to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the clinic from any and all liabilities incurred while at this clinic.

\_\_\_\_\_  
(Parent or Guardian Signature)

**RETURN FORM TO: Kevin Goode**

**Bishop Kearney High School**

**125 Kings Hwy, Rochester, NY 14617**

**585-802-6515**