

# ARLINGTON

## SUMMER BASKETBALL CLINIC

---

2019

JULY 1<sup>st</sup> – 3<sup>rd</sup>  
(MONDAY – WEDNESDAY)

AT ARLINGTON HIGH SCHOOL

---

- BOYS ENTERING GRADES 3-8 (AS OF SEPT. '19)
- CAMP WILL RUN FROM 9:00 AM UNTIL 1:00 PM
- FREE T-SHIRT FOR ALL CAMP PARTICIPANTS
- EMPHASIS ON BUILDING BASIC FUNDAMENTALS
- CAMP RUN BY ARLINGTON COACHES AND PLAYERS

● **COST OF THE CAMP IS \$75** ●

Please fill out the form on the back and return it ASAP with a \$75.00  
check payable to: ARLINGTON BOYS BASKETBALL



REGISTRATION FOR 2019 ARLINGTON SUMMER BASKETBALL CLINIC

**\*\*MAKE CHECKS PAYABLE TO: ARLINGTON BOYS BASKETBALL  
FEE: \$75.00**

PLEASE FILL OUT AND MAIL FORM ASAP TO:  
**ARLINGTON SUMMER BASKETBALL CAMP**  
**ATTN: MATT HOYT**  
**16 Mcalpine Drive**  
**Poughkeepsie, NY 12601**

CAMPER'S NAME: \_\_\_\_\_

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

TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE(2019 -2020 SCHOOL YEAR) \_\_\_\_\_ SCHOOL \_\_\_\_\_

T-SHIRT SIZE(CIRCLE ONE): YOUTH: M L ADULT: S M L XL

\*Return form by June 1<sup>st</sup> to guarantee t-shirt

PARENT NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

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

<b>Camper's Name:</b>		<b>AGE:</b>		
<hr/>				
<b>Emergency Contact #1</b>	<b>Name:</b>	<b>Home #:</b>	<b>Cell #:</b>	<b>Work #:</b>
	<b>Relationship:</b>			
<b>Emergency Contact #2</b>	<b>Name:</b>	<b>Home #:</b>	<b>Cell #:</b>	<b>Work #:</b>
	<b>Relationship:</b>			
<b>Allergies(please list):</b>				
<b>Medical issues/concerns:</b>				
<b>Recent injury or surgery:</b>		<b>Disabilities or chronic illness:</b>		
<b>Dietary issues or modifications:</b>		<b>Current medications:</b>		