



GIRLS BASKETBALL

1ST ANNUAL FALL CLINIC

Get ready for your season
with four great Sundays of
skills and drills

October

1st

15th

22nd

29th

Philosophy of Fall Clinic

The goal of the Fall Clinic is to get players ready for their season. The emphasis will be on fundamentals and drills for individual improvement.

Staff

David Giribaldi – Varsity Girls Basketball Coach, along with the high school basketball staff and members of the varsity team.

General Information

- *Methuen High School Field House
- * Open to 5th - 9th graders
- * Camp Hours 9:30-11:30
- * Registration 8:30 -9:30
- * T-Shirt for all campers
- * \$175 for all four sessions
- * \$50 for each individual session
- * \$10 discount per sibling
- * Register early spots will be limited
- * Fill out and mail in Registration and Medical Waiver

Make Checks Payable to:

Methuen High School Girls Basketball

Mail to:

David Giribaldi
4 Amherst Rd
Andover, MA 01810

Registration

Name: _____

Address: _____

Age: _____ Grade: _____

Email: _____

Parent Name: _____

Parent's Phone Number: _____

All Four Session (\$175): _____

Individual Sessions (\$50 per):

1st _____ 15th _____ 22nd _____ 29th _____

T-Shirt Size (Circle One):

YS YM YL S M L XL XXL

(Fill out both sides, detach and mail)

Medical Waiver

I hereby state that *(child's name)*

is in good health and has my permission to participate in the Rangers Fall Clinic. I authorize the staff at the camp to provide emergency first aid in the event of sickness or injury. I also give permission for the coach/sponsor to sign for me in the event that emergency treatment, hospitalization and/or surgery is required. I understand I am financially responsible for any medical bills incurred by my child while attending the Ranger Fall Clinic.

My signature below hereby releases the camp, camp sponsor, camp workers, Methuen High School and the Methuen Public Schools from any and all liability and any manner of actions, suits, damages, claims and demands on account of personal injury arising from my child's participation in the Ranger Fall Clinic.

Parent Signature:

Date: _____

Health Insurance Provider:

Policy # _____

Medical Conditions: _____

RANGER
BASKETBALL



EVERY
DAY
IS
A
CHANCE
TO
GET
BETTER

