

**MARCH 22ND, APRIL 12TH & MAY 17TH**

# **TOSTI BASKETBALL CLINICS**



**BRING YOUR OWN BALL!**

**WHEN: MARCH 22ND, APRIL 12TH & MAY 17TH**

**3:00PM - 5:00PM**

**WHERE: SKS GYMNASIUM**

**GRADES: K-8TH**

**COST: \$75 PER SESSION**

**(CASH/CHECK ONLY)**

**PLEASE MAKE CHECKS PAYABLE TO BUD TOSTI**

**LIMITED SPOTS AVAILABLE. RETURN FORMS TO  
KATIE TOSTI OR EMAIL TO [TOSTICAMP@GMAIL.COM](mailto:TOSTICAMP@GMAIL.COM)**

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

**AGE:** \_\_\_\_\_ **8FT** ☐ **10FT.** ☐

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

**SELECT DATES:** 3/22 \_\_\_\_ 4/12 \_\_\_\_ 5/17 \_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**MEDICAL/PHYSICAL ISSUES:** \_\_\_\_\_

**Liability of Release**

I hereby authorize the staff of the Tosti Basketball Clinic to act for me according to their best judgement in case of an emergency situation, which requires medical attention, and I hereby waive and release the Camp from any and all liability for any injuries or illness incurred while at the Camp.

I also give my permission for the Director to use any pictures of my child to promote future clinics.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date