

MONDAY, FEBRUARY 16TH

**TOSTI
BASKETBALL CLINIC**



**WHEN: MONDAY, FEBRUARY 16TH
10:00AM - 12:00PM**

WHERE: SKS GYMNASIUM

GRADES: K-8TH

**COST: \$50 PER SESSION
(CASH/CHECK ONLY)**

PLEASE MAKE CHECKS PAYABLE TO BUD TOSTI

**LIMITED SPOTS AVAILABLE. RETURN FORMS TO
KATIE GRACIE AT FRONT OFFICE OR EMAIL TO
TOSTICAMP@GMAIL.COM**

NAME: _____

AGE: _____

8FT **10FT**

GRADE: _____

EMAIL: _____

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 _____