

# EAGLES YOUTH BASKETBALL CLINIC

*Skills clinic for boys and girls in grades 3,4, and 5.*

6 WEEK PROGRAM: COST = \$75 Total for all 6 sessions  
(Money is being used to purchase uniforms for WTHS Boys' Basketball Program)

***\*ALL SESSIONS WILL BE HELD AT WORCESTER ARTS MAGNET SCHOOL\****

<b><i>Thursday October 5</i></b>	<b><i>2:30 to 3:30</i></b>
<b><i>Thursday October 12</i></b>	<b><i>2:30 to 3:30</i></b>
<b><i>Thursday October 19</i></b>	<b><i>2:30 to 3:30</i></b>
<b><i>Thursday October 26</i></b>	<b><i>2:30 to 3:30</i></b>
<b><i>Thursday November 2</i></b>	<b><i>2:30 to 3:30</i></b>
<b><i>Thursday November 9</i></b>	<b><i>2:30 to 3:30</i></b>

***\*\*SPACE IS LIMITED\*\****

Our mission is to teach and improve the fundamental skills of basketball in both a fun and competitive environment. We stress confidence, teamwork, effort, and sportsmanship, which we feel are important ingredients in achieving success both on and off the basketball court.

Clinic Director: Sean Lynch Worcester Tech Boys' Varsity Basketball Coach  
(Instructional staff to include Worcester Tech Varsity basketball players & coaches)

**For More Information Email: [lynchse@worc.k12.ma.us](mailto:lynchse@worc.k12.ma.us)**

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Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Player T-Shirt Size: *Please Circle One* Youth: S M L Adult: S M

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**\*\*Make checks out to Worcester Tech Boys' Basketball Program\*\***

**MEDICAL RELEASE**

\*I authorize any medical treatment that may be required or recommended by an authorized Emergency Medical Technician, Doctor, Nurse, or Trainer for  
(Player's Name) \_\_\_\_\_ while attending the Eagles Youth Basketball Clinic.

\*List of Health Conditions or Allergies we should be aware of: \_\_\_\_\_

  

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**Release and Indemnification**

- I acknowledge, agree and am fully aware that basketball and related activities involve many risks, dangers and hazards. I recognize that there are several known and unknown dangers and risks to my child's physical wellbeing associated with activities of this type. I agree, acknowledge and consent that my child is physically able to participate in basketball and related activities. I agree to waive, release, and discharge from any and all liabilities, claims, actions, damages, costs, or expenses of any nature whatsoever, whether in law or equity, known or unknown, both present and future, against Eagles Youth Basketball Clinic and coaches and volunteers, as well as the Worcester Public Schools.

**Miscellaneous**

- The participants' consents to the use, by the Eagles Youth Basketball Clinic, of any and all photographs or video taken during the clinic.
- I represent and warrant that I am the parent and/or guardian of the student listed above.
- I represent and warrant that: (i) I have read this agreement carefully; (ii) I understand that this agreement contains a release of liability, which will legally prevent me, my child, and/or any other person, from recovering damages in the event of injury to or death of my child arising out of or related in any way to his/her participation in basketball and related activities; (iii) I have full right and authorization to waive, relinquish and compromise those claims as set forth above; (iv) I have not previously assigned, conveyed or pledged to any third person and claims released by this agreement; (v) I am knowingly and voluntarily releasing and waiving claims against the Releasee's as set forth above; (vi) I have executed this agreement voluntarily; and (vi) this agreement is binding upon me, my child, anyone claiming on behalf of or through my child, and our respective heirs, assigns and legal agents or representatives.

\_\_\_\_\_  
**Name of Parent/Guardian (Printed)**

\_\_\_\_\_  
**Signature of Parent/Guardian**

**Date:** \_\_\_\_\_