

# Cheshire



## Basketball

**December 27<sup>th</sup> & 28<sup>th</sup>**

**9:00am - 12:00pm**

**Cheshire High School**

**Boys & Girls**

**Grades 1<sup>st</sup> - 8<sup>th</sup>**

**\$65.00**

(Please include an additional \$10 if out of town)

Hotline in case of poor weather (203-250-2470) ([www.chshirect.org/parkrec](http://www.chshirect.org/parkrec))

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### 2017 CHESHIRE BASKETBALL HOLIDAY CLINIC APPLICATION

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ Telephone #: \_\_\_\_\_

I acknowledge that my child will be engaged in athletic activities and that these activities have categories of inherent risk and that accidents can occur. I release the Cheshire Parks and Rec. Dept., Cheshire Basketball Holiday Clinic and its directors and staff from any and all liability for injuries or accidents that arise due to my child's participation in the Cheshire Basketball Holiday Clinic. My child is in good physical condition, is fit to participate and has permission to participate in camp activities. In case of an injury I give permission for a qualified doctor, nurse, athletic trainer or staff member to provide immediate care.

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

\_\_\_\_\_  
Daytime Phone #

Make check payable to *Cheshire H.S. Basketball*. Please return form to Cheshire Basketball Holiday Clinic, c/o Cheshire Parks & Rec., 559 South Main St., Cheshire, CT 06410. Phone: 272-2743  
Fax: 272-5858

ALL PROCEEDS TO BENEFIT  
THE CHESHIRE HIGH SCHOOL BOYS & GIRLS BASKETBALL TEAMS