Henderson Hoops Academy
Basketball Clinic Series

Session #2
Saturday, February 14, 2015

Session #3
Saturday, March 7, 2015

Session #4
Saturday, April 11, 2015

Session #5
Saturday, May 2, 2015

ALL SESSIONS:
9:00am-1:00pm
@ A.D. Henderson Court

Registration Fee - $25 per session
Clinics are open to students in grades 3-8

Each session includes:

- Instruction in Fundamental skills
- Individual Skills Drills
- Games
- Basketball Contests

For information, please contact Coach Feit:
kfeit@fau.edu
561-297-4187

Registration deadline is one week prior to the clinic.
Make checks payable to: ADHUS
Henderson Hoops Academy Basketball Training Clinic

Camper Name: ____________________________________________ Grade: ____________

Age: ___________ Gender (circle one): M F DOB: ______________________

Skill Level (Circle one): Beginner Intermediate Advanced

Address: _______________________________________________________________________

STREET CITY ZIP CODE

Phone No.: (_________) ___________________________ Email: _________________________

Sessions: (Please check all that will be attended)

_____ Session #2 (2/14/15) _____ Session #3 (3/7/15) _____ Session #4 (4/11/15) _____ Session #5 (5/2/15)

Parent Name: ____________________________________________ Relationship: ____________

Parent Cell: (_________) ___________________________

I, __________________________________________________, give permission for my child, __________________________________________________, to participate in the Henderson Hoops Academy Basketball Training Camp (HHABTC). I hereby certify that my child is in good health and physically cleared to participate in the sport of basketball and do hereby release and hold harmless A.D. Henderson University School/FAU High School, any and all of its representatives and employees with respect to any and all personal injury, bodily harm, disability, death, or damage to person or property resulting from my child’s participation in the HHABTC. In the case of a medical emergency, I grant permission for the staff of the camp to administer appropriate medical attention to my child and will be responsible for any costs beyond those covered by the camp’s insurance policy.

Parent/Guardian Signature: __________________________________ Date: ____________

Family Insurance Provider: ____________________________ Policy #: __________________

Allergies/Medical Conditions:
____________________________________________________________________________________________
____________________________________________________________________________________________

CAMP USE ONLY: Received by: __________________________ Date: ____________

Registration Fee: $___________ CASH CHECK Check No.: _____________