



## **CODY TOPPERT BASKETBALL CLINIC**

**WHO: BOYS & GIRLS 7<sup>TH</sup> – 8<sup>TH</sup> GRADES (ALL SCHOOLS)**

**BOYS & GIRLS 9<sup>TH</sup> – 12<sup>TH</sup> GRADES (ALL SCHOOLS)**

**DATE: AUGUST 4<sup>TH</sup>, 2018**

**TIME: 9:00AM - 12:00PM (7<sup>TH</sup> – 8<sup>TH</sup> GRADES)**

**1:00AM – 4:00PM (9<sup>TH</sup> – 12<sup>TH</sup> GRADES)**

**LOCATION: CENTRAL MOUNTAIN MIDDLE SCHOOL GYM**

**200 BEN AVENUE MILL HALL, PA 17751**

**COST: \$75 IF SENT BY JULY 30<sup>TH</sup>, \$80 AFTER JULY 30<sup>TH</sup> UNTIL THE DAY OF THE CLINIC**

**\*CHECKS PAYABLE TO: WILDCAT BOYS BASKETBALL BOOSTERS\***

### **CLINIC INFORMATION**

- ✦ *Lead Clinician – Cody Toppert of the Phoenix Suns*
- ✦ *All players should bring their own basketball & tennis ball*
- ✦ *Instruction from an NBA coach/player development trainer*
- ✦ *A look into multiple basketball concepts*
- ✦ *Staff made up of current college players & area coaches*
- ✦ *Questions call Tyler Bardo at 570-660-7499 or Email at [tbardo5@yahoo.com](mailto:tbardo5@yahoo.com)*

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**Detach and return to: Tyler Bardo 6 Riverview Avenue, Lock Haven, PA. 17745**

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

Phone #: \_\_\_\_\_

Grade (Fall of 2018): \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

**Medical Release Waiver:** I understand that KCSD, CMHS, and the Wildcat Basketball Boosters do not carry medical insurance for clinic participants. I certify that \_\_\_\_\_ is covered by an existing insurance policy. I agree that camp staff, KCSD, CMHS and the Wildcat Basketball Boosters will not be financially responsible for any medical injuries should an injury at the clinic occur. Furthermore, I authorize medical treatment be rendered by a medical professional at my expense if necessary.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_