



CODY TOPPERT BASKETBALL CLINIC

WHO: BOYS & GIRLS 7TH – 8TH GRADES (ALL SCHOOLS)

BOYS & GIRLS 9TH – 12TH GRADES (ALL SCHOOLS)

DATE: AUGUST 4TH, 2018

TIME: 9:00AM - 12:00PM (7TH – 8TH GRADES)

1:00AM – 4:00PM (9TH – 12TH GRADES)

LOCATION: CENTRAL MOUNTAIN MIDDLE SCHOOL GYM

200 BEN AVENUE MILL HALL, PA 17751

COST: \$75 IF SENT BY JULY 30TH, \$80 AFTER JULY 30TH 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*

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: _____