

## **BENEDICTINE BASKETBALL ONE DAY CLINIC**

This is a FREE opportunity for kids who love to play basketball. Coach Stircula and his staff will provide instruction and drills to help develop your basketball skills. There will also be games and contests. A small lunch will be provided.

**WHO: ALL STUDENT-ATHLETES BOYS IN GRADES 3-8**

**WHERE: BENEDICTINE HIGH SCHOOL**

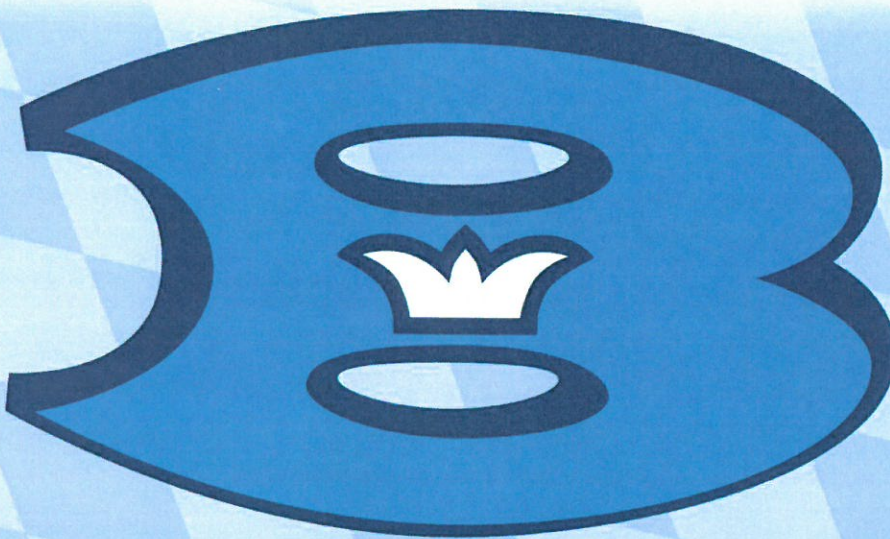
**COST: FREE CLINIC**

**WHEN: WEDNESDAY, JULY 26, 2017**

**TIME: 9:00AM - 3:00PM**

**REGISTER: PLEASE CALL 216-421-2080 EXT. 235 OR  
EMAIL [MSTIRCULA@CBHS.EDU](mailto:MSTIRCULA@CBHS.EDU)**

Please complete and bring the insurance waiver with you on the day of the clinic.



# **A CHAMPION**

benedictine

**BENEDICTINE HIGH SCHOOL**

**2900 MLK JR. DR.**

**CLEVELAND, OH 44104**

# benedictine BASKETBALL

## INSURANCE WAIVER

I, the undersigned parent/guardian in enrolling this student in a Benedictine High School camp or skills program, understand that he, in attending any camp or skill session and using the facilities does so at his own risk. Benedictine High School and its owners, employees and agents, shall not be liable for any damage whatsoever arising from and personal injury or property loss sustained by the participants and his family in or about any program on the premises. The participants and parents assume full responsibility for all injuries and damages which may occur in or about any program on the premises and we do hereby fully and forever release, discharge and hold harmless Benedictine High School and all associated facilities, and its owners, employees, and agents from any and all claims, demands, rights or action, present or future, resulting from or arising out of any persons' participation in any programs or use of its facilities. In addition, he agrees to follow the rules of play and conduct set by Benedictine High School. He understands that failure to do so may result in suspension from participation.

I, the undersigned parent/guardian of participant, \_\_\_\_\_  
(student's name)

do hereby grant authority to the staff of Benedictine High School to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Cell Phone # (w/name): \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_



Benedictine High School  
2900 MLK Jr. Dr. Cleveland, OH 44104  
216-421-2080 ext 235 / mstircula@cbhs.edu

