

# **Coe-Brown Northwood Academy**

## **Boys' Fall Basketball Clinic**

**November 10 & 11**

This is a Senior Project by Mason Winiarski and Lucas McCusker  
Proceeds to support CBNA Basketball Program



**Saturday and Sunday**  
**8am-12pm**

**Grades 5-9**

**\$30**

*Join us for a pre-  
season clinic that will  
include*

*Drill stations*

*Skill activities*

*Team competitions  
and more...*

**To register, please use the  
CBNA 2018 Fall Basketball Clinic Form**

**Or... visit our Athletics website and register online:  
[coebrownathletics.com/main/campsclinics](http://coebrownathletics.com/main/campsclinics)**

**Questions? Email: [Mason.Winiarski@coebrown.net](mailto:Mason.Winiarski@coebrown.net)**



## 2018 CBNA Fall Basketball Clinic Form:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size: S M L XL Medical Conditions: \_\_\_\_\_

Emergency Contact 1: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact 2: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Coe-Brown Northwood Academy Fall Clinic will safeguard the health of the participants, but will not be responsible for any accidents or sickness. I hereby request that my child named above be admitted to the Coe-Brown Fall Clinic and I authorize the directors to act for me in any emergency requiring medical attention. I assume responsibility for payment for any such attention.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to **CBNA Boys Basketball** and mail registration to:

Coe-Brown Northwood Academy, ATTN: Main Office, 907 First NH Turnpike, Northwood NH 03261