

ALL FIELDS ARE REQUIRED

# REBEL HOOP ELITE CLINIC

Walpole High School  
\$110 / \$120 Non-Res  
Stacy Bilodeau & Dave St. Martin

9:00 am - 12:00 pm  
Monday - Wednesday: Aug. 9 - 11  
Entering Grades 6 - 9

This intensive three-day clinic is for the serious basketball player who is looking to improve their all around basketball game and play at a higher level. To reach this objective, we will use small camper to staff ratios, high school basketball players, high school and college team drills, individual practice stations, and highly competitive games. This program will be led by the Walpole Girls Basketball Head Coach, Stacy Bilodeau and Walpole Boys Basketball Head Coach, Dave St. Martin.

PRIMARY CONTACT NAME: \_\_\_\_\_ PRIMARY CONTACT D.O.B.: \_\_\_\_\_ (REQUIRED)

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(STREET) (TOWN) (ZIP)

SECONDARY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

REGISTRANT KNOWN ALLERGIES: \_\_\_\_\_

CLASS #	REGISTRANT'S FULL NAME	SEX	DATE OF BIRTH	GRADE (FALL '10)	FEE
MAKE CHECKS PAYABLE TO : TOWN OF WALPOLE					TOTAL

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Read and Sign Below: I am fully aware of the risks inherent and hereby give my consent for the above named registrant(s) to participate in the program(s) offered by the Walpole Recreation Department, and hereby release the Town of Walpole, any of its elected or appointed officials or instructors, employees, volunteers, or program coordinators from any and all liability from injuries, claims, demands, costs, loss of services, expenses and/or damages sustained by me or us or our minor children on account of his or her participation in said program or event.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

\_\_\_\_\_  
INITIALS Registrants may be photographed while participating in Recreation Department programs. Please provide your permission to publish photographs of the enrolled registrants in our brochure or other printed material by providing your initials.

FOR OFFICE USE ONLY		TIME STAMP	COMPUTER INITIALS
DATE RECORDED: _____ / _____ / 2010	RECEIVED BY: _____		
CK # _____	CASH # _____	AMOUNT: _____	