



## 2016 CCAA Winter Basketball Skills Clinic: January 16 – April 17, 2016

Please select one session from each day:

### Fremont, CA

\_\_\_ Saturday 1:30pm – 3:00pm @ Fremont

\_\_\_ Saturday 3:00pm – 4:30pm @ Fremont

### Campbell, CA

\_\_\_ Sunday 2:00pm – 3:30pm @ Campbell

\_\_\_ Sunday 3:30pm – 5:00pm @ Campbell

### Registration: \$500

*\*Registration fees are transferable but non-refundable*

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Gender: M / F

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

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_

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

T-shirt size: S M L XL

### Parental Waiver:

I, \_\_\_\_\_, give permission to my child, \_\_\_\_\_, to participate in the CCAA Basketball Clinic. I hereby agree that all media and pictures taken on site and during camp activities are properties of CCAA; as well, CCAA administrators or coaches are released from all liability for any illness and/or injury occurring as a result of participation in the Clinic or traveling to and from the Clinic site.

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

Make checks payable to:

**CCAA**

P.O. Box 454

Fremont, CA 94537

Phone: (510)327-5777



[ccaabasketball.org](http://ccaabasketball.org)