



Skills & Drills Basketball Clinic

Saturday, March 2nd
8:30am-12:00n

Leman Academy Gym
19560 Stroh Rd Parker, CO 80134

Cost is \$45
(Please make checks payable to
Leman Academy of Excellence)

All Grades Welcome!!

Featuring Demonstration and Instruction by

University of Kentucky All-American
Shaunda Foster
and
Oregon State University All-American
and former WNBA Player
Shakaiana Edwards-Teasley

Clinic Breakdown:

- Fun through Skill Enhancement
- Improved Ball Handling
- Court Awareness Skills
- Defensive Structure and Positioning Drills
- Passing Drills
- Form Drills for improved shot percentages and more!!

About Shaundra Foster...

St. Ursula Academy, Toledo, OH

- 4-Year Varsity Letter Winner
- City League Player of the Year - 1993, 1994
- Two-Time District Player of the Year - 1993-94
- 1st, Team All-Ohio - 1993, 1994 (Captain)
- All-Time Career Leader in Points Scored
- Record For Most Points Scored In A Season
- Record For Most Points Scored in a Game
- 1994 Ohio North-South All Star Game Participant
- Athletic Scholarship to the University of Kentucky

University of Kentucky, Lexington, KY

- MVP 1995-1996
- Top ten in several three-point shooting categories
- Varsity Letter Winner

Camper Name: _____

Leman Academy B-Ball Skills and Drills Clinic Registration Form

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __
Grade _____ Birth date ____ / ____ / ____ Age _____
Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Child lives with: _____

Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Camper Name: _____

Leman Academy B-Ball Skills and Drills Clinic Registration Form

Medical Problem

Required treatment

Should paramedic be called?

Yes/No
Yes/No
Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

| | Name | Phone # | Relationship to Child |
|------------|------|---------|-----------------------|
| Contact #1 | | | |
| Contact #2 | | | |
| Contact #3 | | | |

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Leman Academy will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

TUITION INFORMATION - \$45

Please submit this form to the front desk along with your Skills and Drills Payment of \$45.

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Leman Academy Skills and Drills Basketball Clinic**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Leman Academy.

Parent's/Guardian's Initials _____

Leman Academy and its organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____