



# 2010 O-ZONE BASKETBALL ACADEMY

## 4<sup>th</sup> Annual Basketball Clinic for Girls

[WWW.OZONEBASKETBALL.COM](http://WWW.OZONEBASKETBALL.COM)

JUNE 28<sup>th</sup> - July 1<sup>st</sup>, 2010: For Players Entering Grades 2 - 9



Early Bird Rate (\$125.00) If You Register On or Before May 31<sup>st</sup>, 2010

<b>WHO:</b> Girls <u>Entering</u> Grades 2 - 9 <u>Open To Girls From Any Town</u>	<b>WHEN:</b> June 28 <sup>th</sup> - July 1 <sup>st</sup> , 2010 (Monday - Thursday) 9:00 a.m. - 3:00 p.m. Players Must Bring Packed Lunch
<b>WHERE:</b> Bridgewater-Raynham High School	<b>Questions:</b> Nicole Orlando <a href="mailto:Norlando12@comcast.net">Norlando12@comcast.net</a> 339.364.0849
<b>TUITION:</b> <b>Early Bird Rate \$125.00</b> Per Player if application & full payment is received on or before <u>May 31<sup>st</sup>, 2010</u> \$140.00 Per Player- <u>After May 31<sup>st</sup></u>	\$200.00 Max Per Household

### O-ZONE PHILOSOPHY

To teach girls the fundamentals of basketball in a fun atmosphere, instilling the importance of teamwork and self-confidence. We always teach the FUNamentals of the game!

### LEARN FUNDAMENTALS

Players receive individual attention and instruction. Throughout the week, players will learn various skills and techniques, allowing them to build a solid foundation of basketball fundamentals. We will teach in a fun, positive and upbeat environment for the players to learn in!

### DIRECTOR

Nicole Orlando is the director of the O-Zone Basketball Academy and the girls varsity coach at Bridgewater-Raynham High School. The O-Zone staff is comprised of outstanding coaches and players from the varsity high school and college ranks.

*The O-Zone Basketball Academy is not affiliated with the Bridgewater- Raynham School District or the Bridgewater Recreational Department.*

### 2010 O-Zone Basketball Academy Application \* June 28<sup>th</sup> - July 1<sup>st</sup> For Girls Entering Grades 2-9

Player Name: \_\_\_\_\_ Grade Entering Next Fall: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ **TEE-SHIRT SIZE:** ADULT: S M L XL

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

**Medical Concerns/Allergies:** \_\_\_\_\_

<b>Interested In Early Bird Individual Instruction?</b> Check Box(s) If Interested In Attending Tuesday Morning (8:15-9:00am) Wednesday Morning (8:15-9:00am)	<b>For Girls Entering Grades 6-9 ONLY</b> Advanced Skill Sessions Post Player Workshop Guard Player Workshop	<b>LIMITED SPACES</b> See Website For More Details <b>FREE</b> <b>FREE</b>
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I /We, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, a minor, do hereby consent to her participation in the O-Zone Basketball Academy and do forever release, acquit, discharge and covenant to hold harmless the O-Zone Basketball Academy and its successors, employees, agents, servants and officers from any and all actions, causes of action, and claims, demands, damages, costs, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/we may have now or hereafter have as the parent or guardian of said minor and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after reaching majority resulting from her/his participation of the O-Zone Basketball Academy Programs and/or receiving medical attention as provided herein; furthermore, I/we hereby agree to indemnify, reimburse or make good to the O-Zone Academy or its successors, employees, agents, servants and officers any loss or damage or costs, including attorney's fees, the O-Zone Academy or its representatives may incur if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said recreation programs. I/we understand that this program involves physical activity and hereby state that to my/our knowledge such minor is in proper physical condition for participation in such program. I/we also agree to provide such minor with all the proper and required equipment to participate in such programs. In the event of an emergency requiring medical attention, beyond first aid, I/we hereby grant permission to a physician or hospital personnel designated by the O-Zone Basketball Academy to attend to such minor. I have fully read and understand the terms of this release and waiver.

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

**PLEASE SUBMIT AN UP-TO-DATE PHYSICAL AND IMMUNIZATION RECORD WITH THIS REGISTRATION**

**Mail Application & Payment To: Nicole Orlando, 11 Claire Drive, Stoughton, MA 02072**

**⇒ Checks Made Payable To: O-ZONE BASKETBALL ACADEMY ⇐**