



CCAA Weekend Basketball Clinic

Spring 2017: Campbell

| Class Schedule (Sundays) | | | | | |
|--------------------------|---|----|----|----------------------------|----|
| April | 2 | 9 | 16 | 23 | 30 |
| May | 7 | 14 | 21 | Memorial Day (No Class) | |



CCAA Basketball: Spring Extension 2017

Campbell | April 30 - May 21

Please select a session:

_____ Sunday 2:00 - 3:30pm

_____ Sunday 3:30 - 5:00pm

Name: _____

Birthday: _____ / _____ / _____

Address: _____

Grade: _____ Gender: M / F

City & Zip: _____

T-shirt size: S M L XL

Parent Email: _____

Phone: (_____) _____

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: _____

Registration: \$125

Registration fees are transferable but non-refundable.

Make checks payable to:

CCAA
P.O. Box 454
Fremont, CA 94537