

**Space Is Limited.**  
**Sign Up Now!**

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Christian Heritage Academy Basketball Clinic will improve students' skills on the court and prepare them for the world. Its goal is to teach students life principles like discipline, repetition, sportsmanship, teamwork, and consistency. It is most importantly a tool by which the gospel is preached. This will be an opportunity for students to see the value of hard work and experience personal growth as they overcome the challenges given each lesson. It is sure to be a wonderful experience!



“Every Student A Scholar”

1100 East 42nd street,  
Brooklyn, NY 11210  
Phone: (718) 377-5682  
Fax: (718) 338-9870  
Email: cha@chc-inc.net

**Christian Heritage  
Academy**

**2010 Summer  
Basketball Clinic**

**Dates: July 12 to August 20**  
**Beginners' class: Mondays and  
Wednesdays**  
**Intermediate class: Tuesdays  
and Thursdays**



{ Phone: (718) 377-5682 }

# Christian Heritage Academy 2010 Basketball Clinic



## Registration Form

Name\_\_\_\_\_

Age\_\_\_\_\_ Class\_\_\_\_\_

Parent's name and number

\_\_\_\_\_

Circle desired class:

Beginners    Intermediate

Emergency Contact Name

\_\_\_\_\_

Emergency Contact Number

\_\_\_\_\_

Parent's signature

\_\_\_\_\_

**Clinic Fee only \$150**

**per Camper**



## Features

- Limited enrollment allowing for an individual experience for each player
- A hands-on experience
- Daily Stations
- Competitive Games
- A fun learning experience
- Individual Instruction
- Instructional videos
- Teaching on the fundamentals of the game

To guarantee your spot, payment in full must accompany your registration. Spaces are limited!

## Important Notice

### Physicals/Insurance

All Campers must return a notarized medical waiver with the application. Each camper must be enrolled in his or her own medical/accidental plan.

### Ages

This camp is for boys and girls ages 6-17.

### Schedule

Beginners class: July 12, 14, 19, 21, 26, 28; August 2, 4, 9, 11, 16, 18

Intermediate class: July 13, 15, 20, 22, 27, 29; August 3, 5, 10, 12, 17, 19

Each class begins at 4:30 p.m. and ends at 6:00 p.m.

For more information please contact Pastor Keyon Lewis at (718) 377-5682

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# ATHELETE MEDICAL WAIVER

YEAR: \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ AGE OF PLAYER: \_\_\_\_\_

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## IN CASE OF EMERGENCY NOTIFY:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BEEPER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

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## HEALTH HISTORY:

STUDENT HAS OR IS SUBJECT TO (CHECK ALL THAT APPLY):

- ASTHMA       CONVULSION       DIABETES  
 HEART TROUBLE       SWIMMING/SPORTS RESTRICTION  
 ALLERGY/REACTION TO ANY MEDICATION       SPECIAL FOODS OR DIETS  
 OTHER \_\_\_\_\_  
\_\_\_\_\_  
 NONE OF THE ABOVE APPLY

STUDENT HAS DIFFICULTY WITH (CHECK ALL THAT APPLY):

- EYES       EARS       NOSE       THROAT       LUNGS  
 DIGESTION       SLEEP WALKING       HEADACHES
-

\_\_\_ TETANUS TOXOID

DATE OF LAST INNOCULATION: \_\_\_/\_\_\_/\_\_\_

ANY CONDITION REQUIRING REGULAR MEDICATION: \_\_\_\_\_

ANY RESTRICTION ON ACTIVITY FOR MEDICAL REASONS: \_\_\_\_\_

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**PARENT AUTHORIZATION:**

THIS HEALTH HISTORY IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL ACTIVITIES, EXCEPT AS NOTED BY ME. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN, SELECTED BY THE ADULT LEADER IN CHARGE, TO HOSPITALIZE, SECURE PROPER ANESTHESIA, OR ORDER INJECTION OR SURGERY FOR MY CHILD. THE LEAGUE ASSUMES NO RESPONSIBILITY FOR DEBTS INCURRED AS A RESULT OF ACTION TAKEN IN AN EMERGENCY.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Relationship

\_\_\_/\_\_\_/\_\_\_  
Date Signed

**NOTARY PUBLIC REQUIRED:**

Sworn to me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC