

Neumann University Athletics Presents:

Hoops From The Heart

Basketball Clinic

For boys and girls in grades 1 through 8

Martin Luther King Day

Monday, Monday, Jan. 20, 2020

9 a.m. to 12 p.m.

Drop-off begins at 8:30 a.m.

AT NEUMANN UNIVERSITY'S MIRENDA
CENTER FOR SPORT, SPIRITUALITY & CHARACTER
DEVELOPMENT (CSSCD)

One Neumann Drive, Aston, PA 19014

(for directions or a campus map, go to: www.neumann.edu/about/directions.asp)

Directed by the Neumann Men's and Women's Basketball Teams

Proceeds will benefit the Community Action Agency of Delaware County, Inc.
which provides services to families in need.

Cost \$30 CALL (484) 840-4711 FOR MORE INFORMATION

- WHAT:** Comprehensive clinic for developing players featuring individual instruction, stations and free T-Shirt. All fundamentals will be covered. Players will be grouped according to age and ability. Limited space available.
- WHO:** The clinic is being conducted by the Men's and Women's Basketball Teams at Neumann University
- WHY:** Proceeds will go to the Community Action Agency of Delaware County, a non-profit agency which provides services to needy families and individuals in our community.

ALL REGISTRANTS ARE ASKED TO BRING ONE NON-PERISHABLE FOOD ITEM!!!!!!!!!!

Please fill out and return with payment to: Neumann University, One Neumann Drive,
Aston, PA 19014. Checks should be made to Neumann University.

NAME _____ ADDRESS _____

PHONE _____ EMAIL _____

SCHOOL _____ GRADE (As of 9/19) _____ AGE _____

PARENT SIGNATURE _____

**** Turn over : you must complete the back of this page in order to register!! ****

Neumann University's Men's & Women's Basketball Teams

Present:

HOOPS FROM THE HEART - BASKETBALL CLINIC

Martin Luther King Day - Monday, Monday, Jan. 20, 2020

9 AM to 12 PM

HOW TO REGISTER: Return this form by mail, no later than January 11th, with \$30.00 fee payable to: *Neumann University*. Attention Athletic Department, One Neumann Drive, Aston, PA 19014. Please call (484) 840-4711 for directions. Participants will not be notified prior to the start of any program. Please call to confirm registration as receipts will not be mailed and you will not receive a confirmation phone call. Proof of age may be required upon request. ONE REGISTRATION FORM PER PERSON. Checks should be made payable to: Neumann University. No credit cards accepted. **You may register and pay the day of the event; however, you are encouraged to register in advance to be sure that space is available for your child. Everyone who pre-registers will get a free t-shirt at the clinic. Space and t-shirts are not guaranteed if you do not pre-register.**

Additional Registration Information:

Do you/your child have special needs? Explain:

MOTHER/GUARDIAN'S NAME

Work #

Cell #

FATHER/GUARDIAN'S NAME

Work #

Cell #

Insurance: All participants are required to be covered by a personal or family medical plan including hospitalization, before they may participate in any programs. I certify that the person named above has such a plan.

Insurance Company

I.D. #

Group #

I am aware that there are risks in all recreational activities. In signing this release, I give permission for my son or daughter (named above) to participate in all aspects of this activity. I, the undersigned parent/legal guardian do hereby release, absolve, indemnify and hold harmless, the Neumann University Staff, Organizers, Volunteers and any of their agents or staff liable for any and all personal injuries or property damage sustained by me or my minor child in connection with participation in such activity. I agree to adhere to all rules, policies, and judgments that are associated with participation in the above activity. I hereby grant permission to allow photographs to be taken for publicity purposes.

Parent/Guardian Signature or
Adult Participant Signature

Date