



SAINT JOSEPH NOTRE DAME HIGH SCHOOL

Winter Sports Basketball Clinics

SJND Winter Hoops for Boys

Join Coach Don Lippi, coach of the State Champion SJND Pilots, in Kelly Gymnasium for two days of a 3-on-3 basketball clinic. Instruction for the first portion of each day, ending with a tournament and prizes!

Grades 3 to 5

December 21 & 22

8:30 - 11:30 am

Cost: \$40 pre-registration, \$50 walk-up registration

AYB and CYO participants:

\$30 pre registration, \$40 walk-up registration

Grades 6 to 8

December 21 & 22

12:30 – 3:30 pm

Cost: \$40 pre-registration, \$50 walk-up registration

AYB and CYO participants:

\$30 pre registration, \$40 walk-up registration

SJND Winter Hoops for Girls

The women’s varsity team at SJND brings a lot of fun to this two-day basketball experience for girls who want to play hoops. This is a chance to learn from experienced and winning coaches, as well as college and high school players, in Kelly Gymnasium at SJND. Work on fundamentals and meet other kids who love the game. Both mornings will be filled with skill competitions and cool prizes!

Grades 3 to 8

December 29 & 30

9:00 am – Noon (doors open at 8:30 am)

Cost: \$40 pre-registration \$50 walk-up registration

AYB and CYO participants: \$30 pre registration, \$40 walk-up registration

For more information, please contact Athletic Director Chris Pondok, cpondok@sjnd.org.

Please fill out both portions of this form and return to:

SJND BASKETBALL c/o Chris Pondok, 1011 Chestnut St., Alameda CA 94501

Name _____

Address _____ City _____ State _____

Parent Name _____

Phone Number _____ E-mail Address _____

Winter Hoops for Boys 3rd -5th: 8:30 am- 11:30 am December 21 and 22 _____

Winter Hoops for Boys 6th -8th: 12:30 pm- 3:30 pm December 21 and 22 _____

Winter Hoops for Girls: December 28 and 29 _____

Please make checks payable to SJND BASKETBALL

Credit Card No. _____ CVS code _____ Expiration date _____

SJND BASKETBALL MEDICAL RELEASE

Player Name: _____ Contact Person: _____ Emergency Phone: _____

I am aware that participation in this sport/activity has some inherent risks and that on rare occasion serious injuries can and may occur. In consideration for my daughter/son being allowed to participate in the sport, I assume the risk of all injury, and agree not to sue Saint Joseph Notre Dame, Administration, Athletic Department, coaches, agents, or volunteers for any and all injuries caused by or resulting from any participation in the event. I authorize the SJND Basketball Program to seek emergency medical care for my child by my signature below. I agree that in the event my child is injured as a result of her participation in basketball, whether or not caused by the negligence (active or passive) of the school, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render inappropriate for her to participate in any such activity. I hereby give permission to the physician selected by the school supervisory personnel present to render medical treatment necessary and appropriate by the physician. I have read thoroughly the release form and understand clearly all the details outlined.

Parent Signature _____ Date _____

