

# PANTHER YOUTH BASKETBALL 2021



To: Sandusky Central Catholic Boys in Grades 1-3  
 From: Chris Ceccoli, Varsity Basketball Coach  
 Subject: Youth Basketball Skills & Drills



**Dates:** October 30, November 6<sup>th</sup>, November 13<sup>th</sup>

**Times:** 8:00am-9:00am

**Location:** The Den

The Panther Youth Basketball Clinic is ready to tip-off another new and exciting year. The purpose of the clinic is to generate excitement for the sport of basketball while teaching some of the fundamental skills necessary to play. Participants will receive a t-shirt and be coached by high school players and coaches.

Panther Youth Basketball Night will be held in The Den on Friday, December 3. All youth basketball players will be recognized that evening as the boys basketball team takes on Lakota. Please wear your youth basketball t-shirts to the game!

The cost to participate in Panther Youth Basketball Clinic is \$20 (which includes a T-shirt). Registration will take place just prior to the first scheduled session on November 2. Please make checks payable to SCCS.

Players should arrive promptly for each session. Players should not be inside the school more than 15 minutes before that time. Parents should make every effort to arrive promptly at the end of the scheduled session. We thank you for your cooperation and participation in the youth basketball program.

**Please return the bottom portion of this registration form, along with your check, on the first day of the clinic. Any Questions? Contact Coach Ceccoli ([cceccoli@sanduskycc.org](mailto:cceccoli@sanduskycc.org) or 419-706-2772).**

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**Player Name** \_\_\_\_\_

**Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Youth shirt size:** M L

**Adult shirt size:** S M L XL

**Parent Name:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

## SCCS ATHLETICS PERMISSION FORM

My son, \_\_\_\_\_ has permission to participate in the youth basketball program to be conducted in The Den. He has either 24-hour insurance or his family participates in a medical plan which covers accidents. Neither my son, nor I, his parent or legal guardian, will hold any supervisor, official connected with the basketball program liable for any accident or injury resulting from activities offered by the school basketball staff or board-approved volunteers, and my signature below indicates a willingness to accept full responsibility.

\_\_\_\_\_  
Signature of Parent or Legal Guardian