

PANTHER YOUTH BASKETBALL 2019



To: Sandusky Central Catholic Boys in Grades 1-3
From: Chris Ceccoli, Varsity Basketball Coach
Date: October 14, 2019
Subject: Youth Basketball Skills & Drills



Dates: November 2nd, 9th, 16th

Time: 9:00am-10:00am

Location: Multi-Purpose Room

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 Ball Night will be held in The Den on Friday, December 6. All youth basketball players will be recognized that evening as the boys basketball team takes on Hopewell-Loudon. Please wear your youth ball t-shirts to the game!

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.

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.

Please return the bottom portion of this registration form along with your check on the first day of the clinic. Any questions, please contact Coach Ceccoli (cceccoli@sanduskycc.org or 419-706-2772).

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 or 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