



Lost Nation Sports Park West

www.LNSPORTSPARK.com

presents...

The 2017 ABC Basketball Clinic

by Phil Argento Jr.

"Bring your own ball"



Keep your skills fresh over the Holiday break. Compete for prizes with different head to head contests. A mix of fundamentals will be covered, and campers will be taught a variety of ways to attack the defense. Please make sure to "bring your own ball".

Dates: December 26th & 27th 2017

Time: 9:00-11:30am

Participants: Boys & Girls. Grades 3-8

Cost: \$50 per participant

Clinic Location: 2101 All Pro Athletic Ave., Lorain, OH 44053 (across from Applebee's on St. Rt. 58)

Clinic Director & Contact: Phil Argento Jr. at philargento30@yahoo.com or call/text at 216-816-6766

Checks payable to: Phil Argento Jr. (list "participant name" in memo section)

Send to: 331 Dellwood Rd, Avon Lake, OH 44012

(Complete and return bottom portion along with payment)

Registration & Waiver Form

LNSP West/ESP Inc Waiver/Exclusionary Clause

I, the undersigned participant, in enrolling at Lost Nation Sports Park (LNSP), understand that he/she/I, in attending any program and using the facilities, does/do so at his/her/my own risk. LNSP and its owners, employees, and agents shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about the premises. Participants assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I does/do hereby fully and forever release, discharge, and hold harmless LNSP, all associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or rising out of any person's participation in any programs or use of its facilities. I also give permission for the free use of my name, picture, and/or likeness in any article, broadcast or other account of the league/camp/tournament, including but not limited to, promotion of future events or other promotional use.

Consents

I, the undersigned participant, _____ do hereby grant authority to the staff of Lost Nation Sports Park and ESP Inc. to render judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Signature of Guardian

Date

Participant Name: _____ **Age:** _____ **Grade:** _____

Parent/Guardian Name: _____ **Phone #:** _____

Address: _____

Email: _____