

Playmaker Academy

Co-Ed Basketball Clinics



With **KEN DAWSON**

Ken Dawson is back!

Sept 26 - Oct 24

Ken brings his many years of experience and growing popularity in the Hudson Valley to instruct an awesome 5-week Clinic!

Fridays

Level 1: Grades 3-5

5:00pm-6:00pm

Level 2: Ages 12-14

6:00pm-7:00pm

These clinics are designed for all levels of play. Each week kids work on improving the basics while introducing more advanced skills.

Member Rate: \$64 Non-Member Rate: \$74

Early Bird Discount

Sign Up by Sept. 19 and receive \$10-off!

For more information or to registrar, please contact Tim at Tdouglass@sportandwellness.net

Ken Dawson

has been coaching Basketball for 13 years. He is a great coach with many years of experience. Ken Dawson coached the Millbrook Girls JV Team, St. Martin CYO the AAU Harlem Valley Hoops, as well as the Triple Threat and Playmakers AAU Club. He is also the owner of the Playmaker Academy Basketball services.



TENNIS ■ FITNESS ■ MULTISPORT

190 Old Sylvan Lake Rd
Hopewell Jct. NY 12533
(845) 226-8733

www.sportandwellness.net



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CO Ed Basketball Clinic

- This registration form is intended only for the Ken Dawson Playmaker Academy.
 - One registration form per person, please.
 - Space will be limited... register early!

Questions? We're here for you!
Contact Tim at (845)226-8733.

Participants Name: _____

Parents/Guardian Name: _____

Level: _____ D.O.B.: _____ Age: _____ E-mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Other Phone #: _____

In case of emergency, call: _____ Phone #: _____

How did you hear about this program at Sport & Wellness? _____

Are you a member of Sport & Wellness? _____

Cancellation/Credit Policy

It is the policy of Sport & Wellness that in the event a program is cancelled or you are unable to participate, a credit on account will be issued to your house account.

Waiver and Medical Release -MUST BE SIGNED UPON REGISTRATION

The above named participant has my permission to participate in Sport & Wellness programs. Sport & Wellness has my permission, in case of emergency, to give or call for medical care. I also release, on behalf of myself and my heirs, Sport & Wellness, LLC., their officers, agents, employees and those associated sponsors, harmless from all liability which may result from my use of the facilities. I also understand that the participants may be photographed during a program at Sport & Wellness and that the photo may be used for promotional materials. I also agree to abide to Sport & Wellness few policy.

I hereby give permission to the health personnel selected by the program to order x-rays, routine tests, treatments, and necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the person named above.

Parent/Guardian Signature

Date