

# Sanford Spartans



## Boys Basketball Summer Clinic

For boys entering grades 3-8 for the 2019-2020 school year

**Clinic Director:** Varsity Boys Coach  
Jacob Mills

**Cost:** \$65 for the week  
\$85 for siblings (2)

**Including:** Sanford Spartan High School  
players

**Dates:** July 22<sup>nd</sup>- July 26<sup>th</sup>  
**Times:** Grades 3-5 8am-10am  
Grades 6-8 10am-12pm

**Areas of Focus:**

Individual and team development,  
including:  
-shooting -passing -dribbling  
-individual defense  
-team defense concepts  
-live scrimmages each day

**Location:** Sanford High School  
Gymnasium  
100 Alumni BLVD, Sanford, ME

**Questions:** Please contact Coach Mills at  
[jmills@sanford.org](mailto:jmills@sanford.org) or (207)651-3163

**To Register:** You must pre-register by  
emailing coach mills at [jmills@sanford.org](mailto:jmills@sanford.org)  
and include T-shirt size. Or call at (207)651-  
3163  
*-To ensure your free T-shirt you must  
register before July 10<sup>th</sup>. We will accept  
registration after July 10<sup>th</sup> but getting a T-  
shirt is not guaranteed*

# Registration Form

PLEASE PRINT:

CAMPER'S NAME: \_\_\_\_\_ '19-'20 GRADE: \_\_\_\_\_

PARENT'S NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE(S) #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Group #: \_\_\_\_\_

I am fully aware of nature and the purpose of the activities of the Spartans Summer Basketball Clinics program. I acknowledge and accept the potential risk of my child/ward associated with those activities. I agree to release, hold harmless, and keep indemnified the Sanford School Department, its coaches, and other representatives against any claims, actions, expenses, and demands in respect to death, injury, loss, or damage to my child/ward and his/her possessions and properties, however caused, arising in conjunction with participation in this program. This waiver is binding upon heirs, assigns, and myself. In the event of an emergency requiring medical attention, I hereby grant permission to physician or other hospital/medical personnel designated by Sanford Spartan Clinic Staff to attend to my child.

I, \_\_\_\_\_ (print legal name) having read and understood this document, freely consent to its provisions.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**QUESTIONS:** Email Coach Mills at: [jmills@sanford.org](mailto:jmills@sanford.org)

**Camper Shirt Size Circle One:** Adult: XL, L, M, S      Youth: XL, L, M, S

**-You must pre-register by July 10<sup>th</sup> to ensure your free t-shirt! Registrations will be accepted after July 10<sup>th</sup> without the guarantee of a free t-shirt.**

**-Make checks payable to SHS boys basketball**

**-Bring money/check and registration form with you on the first day of camp.**