RISING HAWKS YOUTH BASKETBALL ACADEMY
FOR BOYS ENTERING GRADES 6-9

Strength Work
Footwork

Drills/Skills
Finishing Moves

Competitions
Proper Movement

Shooting
Class Time Learning

When:

Thursday – Friday – Saturday

July 6th, 7th, 8th
1:00 – 4:00

What to Bring Check-List:

Water Bottle □
Basketball Shoes □
Tennis Ball □
Snacks □

Notebook □
Personal Basketballs □
Registration Form □
Medical Release Form □

$35 payment in Full: Cash or Check □
Personal Medical Needs □

Check for $35 payment made out to CPHS Boys Basketball to:
CPHS Boys Basketball, Attn: Paul Jessup, 1755 S. College Avenue, College Place, WA 99324

Location & Instructions:

College Place High School
Please enter front entrance of College Place High School
Proceed to East Flex Lab (Glass walled room closest to Commons across from school offices)

Please plan to arrive at by 12:30 p.m. on the First Day

Background – Hello, my name is Paul Jessup, new head boys basketball coach at College Place High School. I am excited to enter my 10th year of coaching, including middle school, varsity and collegiate coaching experiences. My desire for fundamentals has led me to working around the country teaching hundreds of athlete’s the basics of the game, details of the game; including work with former NBA players, professional European basketball players and some of the top trainers of basketball in the world. I hope to bring that experience and joy of the game to our academy.
I am registering for:

Rising Hawks Youth Basketball Academy .........................$35.00

Cash or Check Accepted

Funds to be used for College Place School District Boys Basketball Program; including but not limited to food, gear, equipment, training for Coaches and support for student athletes in financial need, etc.

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Athlete Name_________________________________________Grade (Fall 2017)_____

Address______________________________________________________________________________

City______________________________________________State______________Zip____________

Parent/Guardian_________________________________________Phone____________________

(to reach you during hours of academy)

Email______________________________________________________________________________

**PLEASE NOTE:**

For the benefit of student-athletes and their greatest potential of growth, we ask that parents/guardians refrain from attending the academy. If parent/guardians come in the gymnasium at the end to pick up the student-athletes please refrain from speaking, disturbing or interacting with student-athletes in any way during academy hours.

This is a public academy open to student-athletes seeking to gain skills and knowledge to be successful on the basketball court. Student-athletes may be excused from the academy for words, actions and conduct unbecoming of a rising Hawk. If a student-athlete is excused from the academy on any day, there will NOT be a refund awarded.

By student-athletes paying for and attending this academy, you agree to the terms listed above.
College Place School District Medical Release for Athletics

Grade: ___________ School: CPHS SAGER Sport: ____________________________

Name: (Last, First) ____________________________ Phone #: ____________________________

Address: ____________________________ City/State ____________________________ Zip ____________________________

Date of Birth: ____________________________ Age ______ City/State of Birth ____________________________

Emergency Contact:  Father ____________________________ Home/Cell/Work ____________________________

Mother ____________________________ Home/Cell/Work ____________________________

Family Doctor: ____________________________ Phone ____________________________

Physical problems we should be aware of (Allergies, Disabilities, etc.)

REQUIRED:

Insurance Co. ____________________________ Group/Policy ____________________________

In the event of a serious injury to the above named student, if unable to contact either of the parents/guardians, the coach in charge has our permission to seek medical attention from the nearest physician/emergency facility.

Parent/Guardian Signature: ___________________________________________________________ Date: ____________________________

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Distrito Escolar de College Place / Compartir Información Medica para Atléticos

Grado: ___________ Escuela: CPHS SAGER Deporte: ____________________________

Nombre: (Apellido, Primero) ____________________________ # de Teléfono ____________________________

Dirección: ____________________________ Cuidad/Estado ____________________________ Código Postal ____________________________

Fecha de Nacimiento: ____________________________ Edad ______ Cuidad/Estado de Nacimiento ____________________________

Contacto de Emergencia: Padre ____________________________ Hogar/Celular/Trabajo ____________________________

Madre ____________________________ Hogar/Celular/Trabajo ____________________________

Doctor Familiar: ____________________________ Teléfono ____________________________

Problemas Fisicos cual necesitamos de estar enterados (Alergias, Discapacidades, etc.)

NECESARIO:

Compañía de Aseguro. ____________________________ Grupo/Póliza ____________________________

En el evento de una lesión seria al estudiante nombrado arriba, si no podemos localizar a los padres/tutores, el entrenador encargado tiene nuestro permiso para buscar atención medica del doctor / facilidad de emergencia mas cercana.

Firma de Padres/Tutor: ___________________________________________________________ Fecha: ____________________________