

Holy Spirit Prep Basketball Clinic

Sponsored by Matt Harpring

As basketball season approaches, Holy Spirit Prep and the NBA's Matt Harpring would like to announce our 3rd Annual Holiday Basketball

CLINIC DETAILS

- Dates:** December 26, 27, 28, 29
(Dec. 29 camp ends at 11:30am)
- Time:** 8:30am-3:30pm
- Price:** \$210 per child
\$390 for two children
(within the same family)
- Place:** Holy Spirit Prep
4449 Northside Drive
Atlanta, GA 30327
- For:** Boys & Girls (8-14 years)

Typical Schedule

8:30-8:45	roll call, stretch
8:45-9:00	strength and agility drills
9:00-10:00	fundamental stations
10:00-11:00	5 on 5 league games
11:00-12:00	skill competitions
12:00-12:20	lunch
12:20-12:40	lecture
12:40-1:20	skills competition
1:20-1:45	games
1:45-2:15	3 on 3 league games
2:15-3:25	5 on 5 league games
3:25-3:30	closing remarks

- Daily awards will be given to campers who win the skills Competitions and games for the day
- Each camper will provide his/her own lunch. There will be drinks and candy available to purchase.



A message from Matt:

Get ready to have some fun while learning the fundamentals of basketball! I personally will be running the clinic and promise that my staff will be exceptional. My goal for the clinic is to provide a fun atmosphere while teaching the correct techniques that young players need. I know what makes a great clinic and that is why I take great pride in making my clinic worth the time and money participants will spend.

...Matt Harpring



FOR MORE INFORMATION:
www.mattharpring.com
E-mail: jkharpring@gmail.com
(678) 925-4146

Date Posted: _____

Application Form to Holy Spirit Prep Basketball Clinic Sponsored by Matt Harpring

Check Session: **December 26, 27, 28, 29** _____ **Age** _____
(Dec. 29 camp ends at 11:30am)

Name: _____ **Gender:** _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____
Street

Parent's Name: _____ **(H)** _____ **(C)** _____
Home Phone Cell Phone

Emergency Contact Name: _____ **Phone:** _____

2011/2012 School Attended: _____ **E-mail:** _____

DETAILS

* \$210 per child / \$390 for two children (within the same family)

* Make all checks payable to: **Matt Harpring Enterprises LLC.**

* Return Application To: **Holy Spirit Prep Basketball Camp sponsored by Matt Harpring**
C/O Jack Harpring
235 Lake Summit View
Atlanta, GA 30342

* Upon receipt of your registration and full payment, a spot(s) is reserved and a confirmation e-mail will be sent.

RELEASE FOR MEDICAL TREATMENT

Is tetanus shot current?: _____ Date if known: _____ Allergies: _____

Physical concerns staff should be aware of: _____

I hereby authorize medical treatment for: _____

Signature of Parent/Guardian: _____ Date: _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

For myself and the named child; I hereby waive and release any claim against Holy Spirit Preparatory School and its members, board, employees, servants, volunteers and agents for any injury or loss incurred by my child during such activities (save for any personal injury directly resulting from gross negligence on the part of the school) and agree to indemnify the school and its members, board, employees, servants and agents against any expenses, loss or damages incurred as a consequence of any action or inappropriate inaction on the part of my child. I confirm that there are no medical or other circumstances that should be known to the event coordinator(s) that are not appropriately detailed on the reverse of this form.

I recognize there are inherent risks involved in this sport activity. In consideration of the services provided, I hereby release and hold harmless, Matt Harpring Enterprises LLC, doing business as Matt Harpring's Basketball Camp, and its director, employees and agents from any and all liability for injuries, including those resulting in death, and illnesses incurred while attending camp or occurring as a result of having attended camp. I certify that my child is in good health and is able to participate in all program activities. Furthermore, in an event of an emergency requiring medical attention, I shall pay for the services rendered.

Signature of Parent/Guardian: _____ **Date:** _____

Please Indicate Check Number: _____ **Amount of Check:** _____ **Balance Owed:** _____