

To register, please complete this form and send it along with payment to:

Andrea Lebedinski, Coordinator of Annual Giving and Branding
Indoor Sports Complex
Stony Brook University
Stony Brook, NY 11794-3500

***Pre-registration is REQUIRED.**
The registration deadline is February 6th.
Space is limited, so register early!

NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____

(C) _____

E-MAIL: _____

DATE OF BIRTH: _____ AGE: _____

PARENT'S NAME _____

CELL NUMBER: _____


INSURANCE CO: _____

POLICY #: _____

The Clinic Fee is \$5.00, and each participant will receive a t-shirt and admission to the Women's Basketball Game vs. Hartford!

**Checks should be made payable to
Stony Brook Athletics**

OFFICE OF EXTERNAL SERVICES
STONY BROOK UNIVERSITY
INDOOR SPORTS COMPLEX
STONY BROOK, NY 11794-3502



**STONY BROOK
ATHLETICS
PRESENTS:**

**2013
YOUTH SPORTS
CLINIC**

**THIS CLINIC IS OPEN TO ANY
AND ALL ENTRANTS**

6 TO 13 YEARS OLD



**SATURDAY
FEBRUARY 9, 2013
REGISTRATION BEGINS
AT 1:30PM IN THE
PRITCHARD LOBBY
SBU INDOOR SPORTS COMPLEX**



STONY BROOK UNIVERSITY



Who: All girls and boys aged 6-13

What: Sports Clinic

Where: Stony Brook University Indoor Sports Complex and Recreation Center

Why: To celebrate the *27th Annual National Girls and Women in Sports Day*

When: February 9, 2013

****Registration begins at 1:30PM in the SBU Indoor Sports Complex-Pritchard Lobby. Clinic will take place in the Stony Brook Campus Recreation Center Gymnasium.****

Cost: \$5.00

***No refunds or discounts available**

How: Return the registration form by February 6th!

***All adults accompanying a clinic participant will receive admission to the basketball game for \$5.00**



SCHEDULE OF EVENTS

- 1:30PM REGISTRATION
- 2:00 PM SPORTS CLINIC BEGINS
- 3:15PM CLINIC ENDS
- 4:00 PM WOMEN'S BASKETBALL GAME
STONY BROOK vs. HARTFORD

CLINIC SPORT STATIONS WILL FEATURE CURRENT STONY BROOK STUDENT-ATHLETES FROM MANY DIFFERENT SPORTS



CLEAN SNEAKERS AND PLAY CLOTHES ARE REQUIRED!

QUESTIONS?

E-MAIL:

Andrea.Lebedinski@stonybrook.edu

Or call **631-632-7705**

ASSUMPTION OF RISK STATEMENT

I _____, have requested that my child _____, participate in the Youth Sports Clinic sponsored by the Division of Athletics at Stony Brook University. I have been fully and completely apprised of the actual and potential risks inherent in this activity. By signing below I am asserting that my child and I knowingly and voluntarily assume all such risks. I further assert that I have been advised that I must ensure that my child is covered by a health/accident insurance plan, which will be available to cover the costs of any medical expenses incurred should by child be injured in the course of participating in this clinic. I agree not to hold Stony Brook University as responsible for insuring any losses suffered in relation to this participation. I understand that neither the Division of Athletics nor Stony Brook University maintains liability insurance coverage with the activities or events sponsored by the Division, the Sports Complex and related sports facilities or the University. I assume full and complete responsibility for obtaining proper health/accident insurance coverage.

I hereby authorize the Athletic Training Staff of Stony Brook University to provide medical attention should my child require it. This medical attention includes, but is not limited to, basic first aid and referral to an appropriate medical facility. I also grant permission for an emergency department physician to examine and manage, hospitalize or secure treatment, for my child in the event of an emergency.

Signature of Legal Guardian

Date

Emergency Contact

Phone Number