

WINTER BREAK BASKETBALL CLINIC

@ The College of St. Rose

President's Week
Monday 2/17/14 thru Thursday 2/20/14
8:30am – 11:30am
For Boys and Girls Grades 3rd through 9th



Cost of the clinic - \$125

Before February 1st – \$110

Family/Group Discount \$100

CHECKS SHOULD BE MADE
PAYABLE TO:

**WINTER BREAK BASKETBALL
CLINIC**

CLINIC FACTS

CLINIC DIRECTOR: MIKE PERNO

A 2000 graduate of The College of Saint Rose where he earned a bachelor's degree in elementary education, Mike Perno is now in his eighth season as an assistant men's basketball coach.

Perno's primary responsibilities revolve around recruiting, individual player development, team's strength and conditioning program, and various other day to day responsibilities. While a student at Saint Rose, Perno was a two-year starter on the men's basketball squad after transferring from Monmouth University. Both of those Saint Rose teams reached the NCAA Tournament, including the 1998-99 NCAA Northeast Regional Championship team that advanced to the "Elite Eight" before losing a heartbreaker to Truman State, 106-101, in triple overtime. Perno started 32 games that season, connecting on 91, 3-pointers and averaging 12.7 points and 3.2 assists.

The winter basketball clinic offers a program for the up and coming players of the future. This clinic will provide all ability levels with the tools necessary to become a better player on all the different aspects of the game. The camp will be held for boys and girls from 3rd grade to 9th grade with emphasis on individual skills and drills that will improve your overall game.

Staff will include members of the current Saint Rose men's and women's basketball team as well as high school coaches from the area.

Please note that registration for the clinic will be on a first come first serve basis and we anticipate it selling out again like it did last year. Please make sure you get your application in early to secure your spot.

Please submit the application and medical release form on the next page to:

Mike Perno – Men's Basketball
432 Western Ave
Albany, NY 12203

(518)458-5495

Email: Pernom@strose.edu (best way to contact)

APPLICATION

Name: _____

Grade: _____ D.O.B. _____

Address: _____

City: _____ State: _____

Parent/Guardian: _____

Home Phone: _____ Cell: _____

Email: _____

Years of Playing Experience: _____

Emergency Contact/Phone: _____

Medical Release Information Form:

Parent/ Guardian Name _____ Daytime Phone _____

Existing Medical History _____ Allergic Reactions _____

Present Medication _____

INSURANCE INFORMATION

MEDICAL RELEASE

Carrier _____

I hereby release The Winter Break Skills Clinic, it's staff, officers, agents, representatives, employees, successors, and assigns of and from any and all claims for damages to person or property, or while my child is engaged in activities, or while at clinic sites.

Policy Number _____

Group Number _____

Carrier Number _____

Participation in any sport may cause physical injury including sprains, strains, contusions, fractures, dislocations, ruptures, lacerations, concussions, and even death. In the event of an injury, I authorize the athletic trainer, nurses, doctors, and emergency personnel to administer first aid or care as deemed necessary.

**This form must be completed in order to finalize registration.*

Parent Signature: _____ Date: _____