

# PAUL ZARKY'S GET HIGH ON SPORTS

## '09-'10 Solomon Schechter Basketball

- FOR WHOM: Upper School Ladies and Gentlemen (Two separate teams)
- WHAT: Basketball Teams (TWISTERS & KNIGHTS)
- WHERE: SSDS Gymnasium
- WHEN: Monday practices, from 3:45 pm – 5:00 pm  
Nov. 2 - Dec. 21 and then again from Jan. 4 - Feb. 22\*  
(\*No practices/games on Jan. 18 or Feb.15. AWAY games may be played on other days during the week.)
- WHY: To have FUN, get exercise, build self-esteem, self-discipline, and learn more about teamwork and the fundamentals of basketball!

**Paul Zarky's Get High on Sports** will bring basketball to SSDS. The goal of our program is to educate and improve skill levels while bolstering confidence!

Our practices will stress the **fun** in **fundamentals**!!!!!!

Cost is \$150/player for the 16 week season. (This flyer will be released again in the Fall.)

**By Oct. 30, 2009**, please send signed registration and fee to the address below. If you have any questions please call Paul at 314-616-1142.

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### SSDS BASKETBALL REGISTRATION

You may list all players (from the same family) on this application.

Amount enclosed \$\_\_\_\_\_ (Check payable to: Paul Zarky)

**Applicant's Name:** \_\_\_\_\_ **09-10 Grade:** \_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Alt #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

The above named applicant is in good health and has my permission to participate in this program. In case of emergency I grant permission for my child to be given emergency treatment. I hereby release Paul Zarky's Get High on Sports Soccer Camp from all liability for any injury or illness incurred at camp or in the transportation to and from the camp for treatment of said injury or illness.

I agree to assume complete financial responsibility for any injury or property damage created as a result of an intentional or negligent act of my child or ward while she or he is enrolled at the Camp or upon the premises of the Camp while participating in any activity of the same.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or guardian)

**Specific medical instructions if necessary:** \_\_\_\_\_