



# Holy Spirit Boys & Girls Basketball Clinics

Come and learn the Game:  
Holy Spirit Fundamental Skills Clinic!!

**from 9:00 AM—11:00 AM**

For boys & girls in K—8th grade  
Winter's Activity Center—Holy Spirit Gym  
\$40.00 per person per clinic

### Saturday Clinics in October

(Please check all that you are signing up for)

- 1st \_\_\_\_\_
- 8th \_\_\_\_\_
- 15th \_\_\_\_\_
- 22nd \_\_\_\_\_
- 29th \_\_\_\_\_

### Saturday Clinics in November

(Please check all that you are signing up for)

- 5th \_\_\_\_\_
- 12th \_\_\_\_\_
- 19th \_\_\_\_\_

Clinics will be run by Terrence Raford, Holy Spirit's Boys Varsity Basketball Coach.

Experience: College Basketball at Northwestern State University  
10 years professional basketball in Europe

Questions or concerns?

Please call Coach Terrence at 281.797.1607

Or Eli Olguin—Athletic Director at HSES 713.468.5138 x 284

**Checks are made payable to HSES (with Basketball Clinic in the Memo)**  
**ALL MONIES ARE NON-REFUNDABLE UNLESS THE CLINIC IS CANCELED!**

**Please fill out information below and return form and check to the school office by Friday, September 30th.**

Name \_\_\_\_\_ Grade \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Parent's Names & Cell #'s \_\_\_\_\_

Years Experience \_\_\_\_\_ Total number of clinics registering for \_\_\_\_\_ X \$40.00 = \_\_\_\_\_

Additional Emergency Contact's Name & # \_\_\_\_\_

Release and waiver of liability I hereby authorize the staff of Holy Spirit Episcopal School to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release the camp and or respective school from all liability for an injuries or illnesses incurred by my child while at the clinic. I have no knowledge of any physical impairment that would affect the above/my child's participation in camp.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_