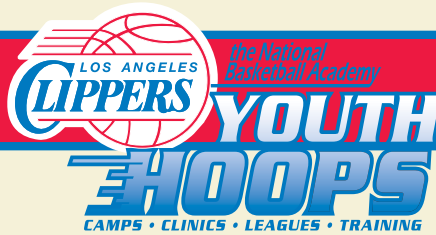


FALL 2010



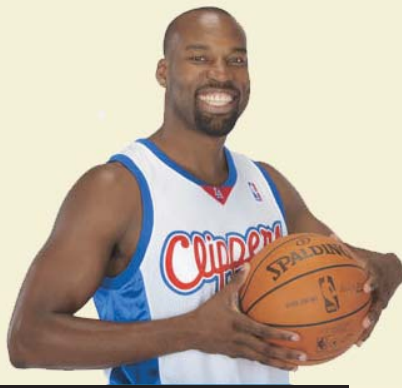
Register early to guarantee a spot!!

## Los Angeles Clippers Skills and Play Clinic

Come work on developing your skills in the Los Angeles Clippers skills and play clinic. Our first 30 minutes will be dedicated towards developing your ball handling, shooting, passing, defense, and overall fundamentals. The second half of the workout we will focus on those same skills in a game like situation, by allowing you to play in a controlled scrimmage. Our coaches are dedicated towards making you the best player you can possibly be. Come practice like a pro! A Clippers game ticket and t-shirt will be provided to each participant!

**Every Thursday for 6 weeks**  
**Starting September 16 through October 21**

September 16, 23, 30, October 7, 14, 21



**AdventurePlex**  
1701 Marine Avenue, Manhattan Beach, CA 90266



A Beach Cities Health District Program

**Boys and Girls Ages 6-10**  
**Time: 4:00pm-5:00pm**

**Cost: \$95 per person**

A Clippers game ticket & t-shirt will be provided to each participant!!!

Develop into the player you want to be!

Develop into the player you want to be!

### CLIPPERS 2010 FALL SKILLS & PLAY CLINIC REGISTRATION FORM

www.thebasketballacademy.com to register online / Call 213.763.7924 for more information.

Clippers Fall Drills and Play (please check box)

Fall Skills and Play Clinic

Boys and Girls Ages 6-10

6 week session September 16, 23, 30  
October 7, 14, 21

Cost: \$95 per participant

AdventurePlex  
1701 Marine Ave.  
Manhattan Beach, CA 9066

\*Clippers game ticket & t-shirt provided to each participant\*

Please complete this registration form, including parent or guardian signature, and send to:  
The National Basketball Academy, 23400 Mercantile Rd. Suite 5, Beachwood, OH 44122

Make all checks payable to: The National Basketball Academy

Upon payment received by The National Basketball Academy, all sales are final. No Refund or Exchange will be issued.



\*Please note all debit/credit cards will be subject to an additional service charge of 3% of the total dollar transaction.

Child's Name \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_ Age of Child \_\_\_\_\_ Grade \_\_\_\_\_

E-mail \_\_\_\_\_ T-shirt Size  YM  YL  S  M  L  XL  XXL

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-Digit Security# \_\_\_\_\_ (on back of card)

Amt. charged to card \$ \_\_\_\_\_

The SIGNER grants permission to The National Basketball Academy, the Los Angeles Clippers, the NBA (and its designees and agents) to utilize the Signer's child's image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission, exhibition, publication or reproduction made of, or at, the Event in any medium or context without further authorization or compensation.

We, the undersigned, do hereby consent to our child's participation in the Los Angeles Clippers clinic. Our child is in good health and can participate in all activities. Therefore, in consideration for the services to be performed by the National Basketball Academy and the Los Angeles Clippers, I/we do further release their agents and employees and any others associated with the clinic from any and all claim or liability to us or our child for any damages or injuries which may be sustained by our child in connection with the Los Angeles Clippers clinics.

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by: \_\_\_\_\_ (preferred physician and phone) or by another licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Parent or Guardian Signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_