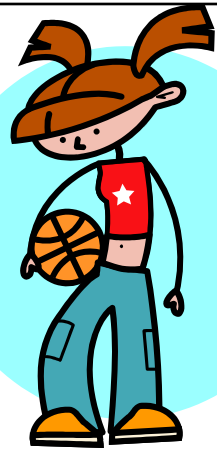


# Hoops From the Heart



## MLK Day Basketball Clinic For grades 1-8

**Date: Monday, Jan. 21, 2019**

**Time: 9:30 a.m. – 12 noon**

**Cost: \$30 per child**

**Location: Cabrini  
University's Dixon Center  
Nerney Fieldhouse**

**WHAT IS IT?** Comprehensive clinic for developing players featuring individual instruction, stations and a free T-Shirt. All fundamentals will be covered. Players will be grouped according to age and ability.

**WHO IS HOSTING IT?** The clinic is being conducted by the Men's and Women's Basketball Teams at Cabrini University

**WHY JOIN?** You'll learn some great basketball skills. And the proceeds will go to the Community Action Agency of Delaware County, a non-profit agency that provides services to needy families and individuals in our community.

**Proceeds benefit the homeless shelters of Community Action Agency of Delaware County, Inc.**



**To register or for more information, call (610) 902-1016**

**ALL REGISTRANTS ARE ASKED TO BRING ONE NON-PERISHABLE FOOD ITEM!**

**Sponsored by**



**Cabrini University Athletics Presents:**  
***Hoops From The Heart***  
**Basketball Clinic**

For boys and girls in grades 1 through 8

**Martin Luther King Day**

**Monday, January 21, 2019**

**9:30 a.m. to 12 p.m.**

Drop-off begins at 9:00 a.m.

AT Cabrini University's Dixon Center Nerney Fieldhouse  
610 King of Prussia Road, Radnor PA 19087

Directed by the Cabrini Men's and Women's Basketball Teams

Proceeds will benefit the Community Action Agency of Delaware County, Inc.  
which provides services to families in need.

Cost \$30 CALL (610) 902-1016 FOR MORE INFORMATION

- WHAT:** Comprehensive clinic for developing players featuring individual instruction, stations and free T-Shirt. All fundamentals will be covered. Players will be grouped according to age and ability. Limited space available.
- WHO:** The clinic is being conducted by the Men's and Women's Basketball Teams at Cabrini University
- WHY:** Proceeds will go to the Community Action Agency of Delaware County, a non-profit agency which provides services to needy families and individuals in our community.

**ALL REGISTRANTS ARE ASKED TO BRING ONE NON-PERISHABLE FOOD ITEM!!!!!!!!!!**

Please fill out and return with payment to: Cabrini University, Attn: Athletic Dept., 610 King of Prussia Road, Radnor, PA 19087. Checks should be made to Cabrini University.

-----  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE (As of 9/17) \_\_\_\_\_ AGE \_\_\_\_\_  
PARENT SIGNATURE \_\_\_\_\_

**\*\* Turn over : you must complete the back of this page in order to register!! \*\***

Cabrini University's Men's & Women's Basketball Teams Present:  
HOOPS FROM THE HEART - BASKETBALL CLINIC  
Martin Luther King Day - Monday, Monday, January 21, 2019  
9:30 AM to 12 PM

HOW TO REGISTER: Return this form by mail, no later than January 11<sup>th</sup>, with \$30.00 fee payable to: *Cabrini University, Attn: Athletic Dept., 610 King of Prussia Road, Radnor, PA 19087*. Please call (610) 902-1016 for more information. Directions can be found at: <http://www.cabrini.edu/Admissions/Visit-Cabrini/Directions.aspx>. Participants will not be notified prior to the start of any program. Please call to confirm registration as receipts will not be mailed and you will not receive a confirmation phone call. Proof of age may be required upon request. ONE REGISTRATION FORM PER PERSON. Make checks made payable to: Cabrini University. No credit cards accepted. **You may register and pay the day of the event; however, you are encouraged to register in advance to be sure that space is available for your child. Everyone who pre-registers will get a free t-shirt at the clinic. Space and t-shirts are not guaranteed if you do not pre-register.**

**Additional Registration Information:**

Do you/your child have special needs?

---

MOTHER/GUARDIAN'S NAME

Work #

Cell #

---

FATHER/GUARDIAN'S NAME

Work #

Cell #

---

Insurance: All participants are required to be covered by a personal or family medical plan including hospitalization, before they may participate in any programs. I certify that the person named above has such a plan.

---

Insurance Company

I.D. #

Group #

---

I am aware that there are risks in all recreational activities. In signing this release, I give permission for my son or daughter (named above) to participate in all aspects of this activity. I, the undersigned parent/legal guardian do hereby release, absolve, indemnify and hold harmless, the Cabrini University Staff, Organizers, Volunteers and any of their agents or staff liable for any and all personal injuries or property damage sustained by me or my minor child in connection with participation in such activity. I agree to adhere to all rules, policies, and judgments that are associated with participation in the above activity. I hereby grant permission to allow photographs to be taken for publicity purposes. You must also sign an online waiver, available at: [http://www.cabriniathletics.com/sb\\_output.aspx?form=12](http://www.cabriniathletics.com/sb_output.aspx?form=12)

---

Parent/Guardian Signature or  
Adult Participant Signature

Date

*By signing above, I/we also agree:*

*TO RELEASE, WAIVE, COVENANT NOT TO SUE AND DISCHARGE the University, its officers, directors, agents, faculty, representatives, students and employees ("Releasees") from any and all liability to me, my personal representatives, assigns, heirs, and next of kin for any and all damages, and any claim (including claims for bodily injury or death) or demands therefore on account of any injury to me or my property arising, directly or indirectly, from or related to my activities in connection with the Event.*

*•TO INDEMNIFY, DEFEND AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur, arising, directly, or indirectly, from or related to my activities in connection with the Event.*

*•TO ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE in connection with the Event.*

*•THAT IN THE EVENT THAT EMERGENCY MEDICAL CARE IS NECESSARY FOR PROSPECTIVE STUDENT, I agree to permit the University to make arrangements for the Participant's transport to the nearest available medical facility to provide such emergency care as is medically needed. I agree that the University shall not be responsible for the costs of such care. •THAT THIS RELEASE AND WAIVER IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED BY THE LAWS OF PENNSYLVANIA and that if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.*