



Naples Basketball will be offering a youth basketball clinic on Saturdays. The clinic will consist of skills and drills followed by games to help develop athletes' skills.

Unlike most recreation programs, usually operated by volunteer coaches and parents, Naples Basketball teams are coached by the Naples High School basketball team; who teach and coach the game of basketball in carefully planned progressions. The fundamentals and progressions taught by our coaches lead into offensive and defensive concepts. "Skill, Drill and Compete" comprise the formula for success in Naples Basketball's Youth Clinics.

At the clinics, each child can learn many of the techniques needed to be successful in basketball without having to be on an elite travel team. In addition, our program is adjusted to the age and ability of the players to ensure that the highly skilled athlete will be challenged and will have the opportunity for success.

# Naples Basketball



**Naples  
High School**  
1100 Golden Eagle Cir.  
Naples, FL 34102

**Email:**  
[ghull@naplesbasketball.org](mailto:ghull@naplesbasketball.org)

[www.naplesbasketball.org](http://www.naplesbasketball.org)



**@NaplesBBall**



**@NHSGirlsBasketball**

**Naples Basketball**

*Naples High School*

*Tax Exempt*

# Youth Basketball Clinic



**2023-2024**

**Male and Female  
Athletes**

**Saturdays**

**9:00 am – 11:00 am**

**November 11<sup>th</sup>—January 27<sup>th</sup>**

**Grades**

**Grades K-8<sup>th</sup>**

*Naples*

*High School*

CLINIC DIRECTOR

Garrett Hull

# YOUTH BASKETBALL CLINIC

## SCHEDULE/REGISTRATION

### CLINICS AND REGISTRATION AT

#### NAPLES HIGH SCHOOL

SATURDAY NOVEMBER 11<sup>TH</sup>

SATURDAY NOVEMBER 18<sup>TH</sup>

SATURDAY DECEMBER 2<sup>ND</sup>

SATURDAY DECEMBER 9<sup>TH</sup>

SATURDAY DECEMBER 16<sup>TH</sup>

SATURDAY JANUARY 6<sup>TH</sup>

SATURDAY JANUARY 20<sup>TH</sup>

SATURDAY JANUARY 27<sup>TH</sup>

*Only players who have  
completed a registration form  
can attend.*



### CLINICS LOCATION

Naples High School

November 11 & 18  
December 2, 9, & 16  
January 6, 20, & 27th

**Cost:**

**\$20 Each Clinic**

**Or**

**\$120 for all 8 if you pay upfront on the 1<sup>st</sup>  
day (Saturday November 11<sup>th</sup>)**

**Checks Payable to:**

**Naples Basketball**

## Liability Wavier

I hereby give my consent for my child, to participate in the Naples Basketball Youth Clinic to be held at Naples High School during the dates of November 11<sup>th</sup>, 18<sup>th</sup>, December 2<sup>nd</sup>, 9<sup>th</sup>, & 16<sup>th</sup>, January 6<sup>th</sup>, 20<sup>th</sup>, & 27<sup>th</sup>. I and my child recognize that he/she must follow all District policies, rules, and procedures. In providing consent, I am aware of the risks involved in such participation. We both understand that injury, including the potential for a concussion head-related illness of any other injurious events, is possible in such participation, and choose to accept the risks involved. I voluntarily accept any and all responsibility for my child's safety and welfare while participating in this basketball clinic, with full understanding of the risks involved. Accordingly, I hereby release and hold harmless the District School Board of Collier County ("the District"), its employees and agents, the adjudicators of the sanctioned event from any and all responsibility and liability for any injury or claim arising from such participation and agree to take no legal action against the District because of any accident or mishap involving my child's participation. In this regard, I also authorize the use or disclosure of all health information relating to my child should treatment for illness or injury become necessary. This shall include emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the District with respect to participating in the basketball clinic noted above. Finally, if I have knowledge about the risk of continuing to participate if such an injury is sustained without proper medical clearance, I will inform the District accordingly, as well as, of any other underlying medical condition of which I am aware.

Childs Name:

\_\_\_\_\_

Phone:

(\_\_\_\_\_) \_\_\_\_\_

Parent Name(s):

\_\_\_\_\_

Email:

\_\_\_\_\_

Grade:

\_\_\_\_\_

Check# \_\_\_\_\_ Total \$ \_\_\_\_\_

Parent Signature:

\_\_\_\_\_