



Saint Anthony Catholic School

529 Chalan San Antonio Barrigada, Guam 96913 Tel: (671) 647-1140/43 Fax: (671) 649-7130

Mr. Robert Crisostomo
LEADERSHIP ADMINISTRATOR

Mrs. Angie Susuico
RESOURCE ADMINISTRATOR

Mrs. Maricon Reyes
CURRICULUM ADMINISTRATOR



SACS 2021-2022 CoEd Youth Basketball Clinic Registration Form

About the Program:

This program is for players of all skill levels. We will teach/reinforce the fundamentals of basketball including ball handling, passing, shooting and footwork. Also, we will help refine important skills, develop court awareness and more. This is the perfect opportunity for your child to learn and improve his/her basketball skills.

This Clinic is available to students of SACS only.

Coaches for this Clinic are Mr. Ruben Payumo and Mr. Danny Payumo.

This program consists of eight (8) separate clinic sessions.

Clinic Dates: October 23 & 30/November 06, 13, 20 & 27/
December 04 & 11, 2021
Clinic Time: 1:30pm – 4:30pm
Warm-up: 1:00 – 1:30pm/Clean-up: 4:30 – 5:00pm
Cost: \$160.00 per participant
Requirements: Participant **MUST** have a current SACS Physical Clearance, submit a Registration Form with payment to the Business Office.

(This Clinic is open to students in grades 5th to 8th)

For more information, please contact the Front Office at 647-1140

Approved by:
<i>Angie Susuico</i>
Mr. Robert Crisostomo Leadership Administrator
Date: <i>October 13, 2021</i>

Participant Information

Name: _____ Grade: _____ Gender: _____ Male _____ Female DOB: _____

Medications, Activity Restrictions, Allergies and/or Comments: _____

Parent Contact Information

Parent/Guardian Name: _____ Parent/Guardian Name: _____
(Print) (Print)

Parent/Guardian Email: _____ Parent/Guardian Email: _____

Contact Number(s): _____

I/We, the parent/guardian, accepting my own responsibility, hereby release Saint Anthony Catholic School, its officers, directors, employees, agents, sponsors, principals, coaches and volunteers from any and all liability for any event or consequence whatsoever in any way arising out of or relating to participation in this program. I/We also understand that the volunteers are not responsible for supervising my child before or after scheduled camp activities and release them from any and all liability. In case of emergency during participation, I/We, the parent/guardian, authorize volunteers to obtain emergency medical treatment for my child if necessary. I/We understand that I/We will be contacted as soon as possible in the event of an emergency.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

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Accredited by the Western Association of Schools & Colleges, the Western Catholic

Amount Paid: _____ Cash _____ National Check # _____ Receipt # _____ NOTE: (Make Check Payable to SACS)

