

## Case Western Reserve University Elite Clinic Sunday June 8, 2025

Our Elite Clinic gives each participant a chance to see and feel what it is like to train in a top Division III collegiate environment with high-level players and college coaches. The coaching staff will instruct technical and tactical concepts with special focus on position play, offensive and defensive breakdowns and full-court games. Each on-court session will be run like a typical college practice.

Total clinic size will be restricted to allow significant individual attention and feedback for players interested in playing at the collegiate level. Register NOW to assure a spot!!!

<b>Dates:</b>	Sunday June 8, 2025
<b>Location:</b>	Veale Athletic Center, 2138 Adelbert Rd Cleveland OH 44106
<b>Availability:</b>	Space is limited to 40 participants each day.
<b>Ages:</b>	High school
<b>Price:</b>	\$150 <b>ALL CAMP REGISTRATIONS ARE NON-REFUNDABLE</b>
<b>Notes:</b>	Lunch and a Jersey will be provided for every camper. Lodging and transportation are not included.

Daily Schedule	
9:15am-10:00 am	Registration
10:00 am-10:15 am	Opening remarks
10:15 am-11:00 am	Skill Work
11:00am-11:45pm	Round 1 of Games
12:00pm-2:00pm	Lunch Provided /campus tour with parents
2:10pm-2:30pm	Round 2 of Games
2:30 pm-3:00pm	Skill Work
3:00 pm-3:30pm	Round 3 of Games
3:30 pm- 4:00 pm	Recruiting Q and A Parents welcome



spartans basketball  
@Todd-McGuinness-1



**venmo**

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### Camper Information

Name \_\_\_\_\_

Graduation Year \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Height/ Position \_\_\_\_\_

GPA \_\_\_\_\_

SAT/ACT \_\_\_\_\_

High School \_\_\_\_\_

AAU Team \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Medical Statement

I, the undersigned parent (guardian), do hereby authorize the athletic trainer or his/her designate at Case Western Reserve University to secure any and all necessary medical treatment. I understand that an attempt will be made to contact the parent/guardian before treatment is initiated. If I cannot be reached, I authorize the attending physician to render any and all medical care which he/she deems necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian(s) Printed Name(s): \_\_\_\_\_

Emergency contact # \_\_\_\_\_