



Clinic Registration Form

(You may also fill out this form and pay at the door.)

Level 2 Basketball Officials Clinic "Jack Scott Memorial Basketball Clinic"

June 25, 2022 9:00 a.m. – 3:00 p.m.
Teutopolis High School, Teutopolis, IL

In connection with the
IHSA approved Basketball Clinic/Summer Shootout

All experience levels welcome

Cost: \$20

8:15 a.m. – 8:50 a.m.	Registration
8:50 a.m. – 8:55 a.m.	Short Meeting
9:00 a.m. – 3:00 p.m.	Clinic Agenda

- This is a one-day 6 hour clinic with 3 hours in the classroom and 3 hours mandatory court time with instruction to receive your level 2 credits. The **Jack Scott Memorial Basketball Clinic** is sponsored by the South Central Basketball Officials Association.
- On Court time will be by assignment.
- Lunch, refreshments and drinks provided.
- Questions should be directed to Tom Strohl at ctstrohl@frontier.com or call 217-259-5628, or Dennis Matthews at dennis.matthews@caseywestfield.org or call 217-932-3660

The clinic will be hosted by IHSA Certified Clinicians; Johnny Meinhart, Dennis Matthews and Tom Strohl as well as other State Final Officials and many post-season veterans and evaluators.*NOTE: This is an in person clinic with classroom and court time participation.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

IHSA ID #: _____

Years of officiating: _____

Highest Postseason Experience-

Regional _____ Sectional _____ Super Sec. _____ State _____

PLEASE READ AND SIGN THE FOLLOWING RELEASE STATEMENT:

I hereby release SCBOA, the staff and sponsors of the Teutopolis Certified Basketball Clinic and Teutopolis School District from any and all liability for injuries and/or illnesses incurred in the course of attending the voluntary clinic. I have no knowledge of any health, physical impairments or limitations that would affect my participation in the program outlined above. Further, I hereby authorize the Teutopolis Clinic to act in my best interests in any emergency situation requiring medical attention.

Signature: _____

Date: ____/____/____

\$20 Clinic Fee-- Please make check out to: SCBOA

Send check and completed registration form to:

Tom Strohl

PO Box 653, 672 Shaffer

Neoga, IL 62447