



**4<sup>th</sup> Annual**

**Bay Area Competition Clinic**

**Saturday, September 8, 2007**

**At**

**California State University East Bay**

**25800 Carlos Bee Blvd**

**Hayward, CA**

**12 Noon to 5:00 PM**

**4<sup>th</sup> ANNUAL  
BAY AREA COMPETITION CLINIC  
SATURDAY, SEPTEMBER 8, 2007  
12 NOON – 5:00 PM  
CAL STATE UNIVERSITY EAST BAY (HAYWARD, CA)**

**\$60 PARTICIPATION FEE FOR INDIVIDUALS/ \$275 FOR TEAMS**

**A UNIQUE EVENT/OPPORTUNITY**

**OPEN TO INDIVIDUAL HIGH SCHOOL PLAYERS IN ALL GRADES  
(INCLUDING SENIORS), HIGH SCHOOL TEAMS, AND AAU TEAMS.**

**This event is designed to provide all players an opportunity to demonstrate their competitive skills to the college coaches, scouts, and media expected to attend.**

**This will be an intense teaching & exposure format where players will be put in highly competitive situations against top level opposition. It is an opportunity to demonstrate your ability to compete against the best and set yourself apart.**

- ❖ Play against top level HS competition from Northern California and other areas.
- ❖ Get evaluated by the West Coast's top scouts and media like Lee Hubbard (Nor Cal Preps), Gerry Freitas (Hoop Review), in addition to college coaches in attendance.
- ❖ Each player will receive "Competitive Drills" handout (these individual skill work drills will be taught in the clinic).
- ❖ A report on the event will be included in the Hoop Review Scouting Report that will be sent to college coaches (and various internet sites).
- ❖ Camp will be coordinated by Gerry Freitas, who has 21 years of coaching experience (18 at the 4 year level) & 15 years of scouting service experience.

**\*\* SIGN UP NOW BECAUSE SPACE IS LIMITED!!**  
This application may be Xeroxed.

**BAY AREA COMPETITION CLINIC  
REGISTRATION FORM**

Please fill out and send form and payment to:  
Gerry Freitas, 1919 Fruitdale Ave., #D-2 San Jose, CA 95128

A participation fee (\$60 for individuals/\$275 for teams) must accompany your application and be received by September 1, 2007. Please make cashier's check or money order payable to "Gerry Freitas". (No personal checks).

Name\_\_\_\_\_School\_\_\_\_\_

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

City\_\_\_\_\_ Zip Code\_\_\_\_\_ Phone( )\_\_\_\_\_

E-mail\_\_\_\_\_

H.S. Grad Yr.\_\_\_\_\_ Height\_\_\_\_\_ Weight\_\_\_\_\_

SAT Score\_\_\_\_\_ ACT Score\_\_\_\_\_ GPA\_\_\_\_\_

School Coach\_\_\_\_\_

**HEALTH AND BEHAVIOR GUIDELINES AND WAIVER OF LIABILITY**

Health Insurance Co.\_\_\_\_\_

Policy No.\_\_\_\_\_ Group No.\_\_\_\_\_

I understand that any Bay Area Competition Clinic (BACC) participant who does not abide by the rules, regulations and policies established by BACC is subject to dismissal without reimbursement or recourse and I hereby waive and release the BACC & Cal State University East Bay (CSUEB) from any and all liability for any injury or illnesses while participating in the camp. I hereby authorize the directors of BACC and CSUEB to act according to their best judgment in any emergency if I cannot be contacted. I understand that each camp participant is required to have their own medical and accident insurance.

---

SIGNATURE OF PARENT OR GUARDIAN

CALL GERRY FREITAS AT 408-998-1327 OR CONTACT BY EMAIL AT  
gerryfreitas@hotmail.com FOR FURTHER INFORMATION