



**TAKE CHARGE HOOPS**  
**19 th ANNUAL FEBRUARY VACATION CLINIC**

*The Shrewsbury High School Boys Varsity Basketball Coaches, Adrian Machado and Gerry Nowosacki will be sponsoring a 3-day basketball clinic. The focus will be on individual skills through the use of time oriented drill stations. It's essential to sign up early due to time constraints and space.*

**\* THE PROGRAM IS FOR BOYS AND GIRLS IN GRADES 3<sup>rd</sup> THROUGH 8<sup>th</sup> \***

**Where:** Shrewsbury High School Field House

**When:** MONDAY thru WEDNESDAY ( 2/18/2019 thru 2/20/2019)

**Time:** Daily sessions will run from sign in at 9:00 and program **From 9:30 AM to 12:30 PM**

**Cost:** Total cost of the program will be **\$75**

**Our Philosophy:** *"Good competitive skills influence values for a good student athlete, and hard work promotes success."*

The clinic will be conducted using groups based on grade level and gender where appropriate. **Coaches Machado and Nowosacki** will coordinate all activities with the support and assistance of **our players and Area High School Coaches** who will demonstrate and provide instruction to meet learning expectations.

The daily routine will consist of:

- ➡ **Warm up techniques and conditioning**
- ➡ **Drill stations for skill development**
- ➡ **Group instruction and demonstrations for individual and team strategies**

**\*\*\*\*\*THIS IS NOT A SCHOOL SPONSORED PROGRAM\*\*\*\*\***

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**TAKE CHARGE HOOPS BASKETBALL CLINIC**

**NAME:** \_\_\_\_\_ **M**\_\_\_\_ **F**\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

I, Parent/Guardian agree by enrolling my son/daughter that he/she is physically and mentally able to participate in all of the clinic activities. In case of a medical emergency and I cannot be reached, I hereby give permission to the staff to pursue emergency medical services to secure appropriate medical treatment for my child. I understand that my medical insurance is expected to cover my child for injuries.

**Name of your Medical Insurance Company:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent/guardian

**TUITION: \$ 75.00 (\$ 5.00 reduced rate for siblings)**

**Mail checks to: TAKE CHARGE HOOPS**  
21 Shepard Lane  
Shrewsbury, MA. 01545

**CHECKS PAYABLE TO: TAKE CHARGE HOOPS**

**Questions? Contact**  
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**508-842-6014 or gym21rat@aol.com**