



**TAKE CHARGE HOOPS
2019 SUMMER BASKETBALL CLINIC**

The Shrewsbury High School Boys Varsity Basketball Coaches, Adrian Machado, Gerry Nowosacki will be sponsoring a condensed fundamental basketball clinic. The focus will be to teach those fundamental skills that will embrace a basketball mentality to enhance physical abilities that support a healthy engagement of competitive game strategies. There will be interactive instruction and individual guidance followed by practical application. (Games)

*** THE PROGRAM IS FOR BOYS AND GIRLS IN GRADES 3rd THROUGH 12TH ***

Where: Shrewsbury High School Field House

When: TUESDAY, WEDNESDAY & THURSDAY. (6/25 THRU 6/27/2019)

Time: Daily sessions will run from sign in at 8:30 and program From 9:00 AM to 1:00 PM

Cost: Total cost of the program will be \$ 90. (GROUP RATES AVAILABLE)

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, skill and gender where appropriate. **Coaches Machado and Nowosacki** will coordinate all activities with the support and assistance of Associated College Players to instruct, guide and demonstrate identified learning objectives.

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 followed by game play.**

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: \$ 90 with Sibling \$5 deduction Small/Large group rates.

CHECKS PAYABLE TO: **TAKE CHARGE HOOPS.**

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

On line Registration.
(Take Charge Basketball. Com)

Questions? Contact
Gerry Nowosacki

508-842-6014 or gym21rat@aol.com

