



TAKE CHARGE HOOPS
20 th ANNUAL FEBRUARY VACATION CLINIC

The Shrewsbury High School Boys Varsity Basketball Coaches, Adrian Machado and Gerry Nowosacki will be sponsoring a 3- 1/2day (morning) 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 3rd THROUGH 8TH ***

Where: Shrewsbury High School Field House

When: MONDAY thru WEDNESDAY (2/17/2020 thru 2/19/2020)

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*******

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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