



**TAKE CHARGE HOOPS  
ONE DAY FALL BASKETBALL CLINIC**

*The Shrewsbury High School Boys Varsity Basketball Coaches, Adrian Machado and Gerry Nowosacki will be sponsoring 1 Saturday morning Basketball clinic.*

\* THE PROGRAM IS FOR BOYS AND GIRLS IN GRADES 3<sup>rd</sup> THROUGH 12 \*

**Where:** Shrewsbury High School Field House

**When:** Saturday 11/12/22

**Time:** From 8:30 sign in 9 am to 1:30 - bring fluids and snacks

**Cost:** Total cost of the program will be \$75.00 (\$10.00 discount for siblings)

The focus will be on individual skills to be incorporated within the game/ scrimmage process.

**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.

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:** \_\_\_\_\_ **Shirt size** \_\_\_\_ **Age** \_\_\_\_ **GRADE:** \_\_\_\_\_

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

I, Parent/Guardian agree by enrolling my child 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 (\$ 10 reduced rate for siblings)**  
**Mail checks to:** **TAKE CHARGE HOOPS**  
21 Shepard Lane  
Shrewsbury, MA. 01545

**CHECKS PAYABLE TO: TAKE CHARGE HOOPS**  
**Questions? Contact**  
Gerry Nowosacki  
508-842-6014 or gym21rat@aol.com