



2017 Methuen Youth Basketball Girls' Summer Hoop Clinic

When: July 17th – July 20th

Time: 8:30am – 3:00pm

Where: Marsh Grammar School

Cost: \$135 (Family Rate: \$230 for Two or \$315 for Three)

GIRLS ONLY – Entering Grades 3rd – 9th

The four day clinic is for all levels. The clinic will feature instructional and interactive fun games to develop skills in areas such as ball handling, passing and shooting. Our experienced Staff will work with individual players to help them improve their fundamental skills. Clinic participants will be split into groups based on age and/or ability to rotate through station work, scrimmages, and skill instruction throughout the week. The clinic features organized games, guest lectures, fun contests and camp awards. Clinic participants will also receive a personal evaluation at the end of the week.

Clinic Highlights

Personalized instruction from Coaches

Clinic T-Shirt

Grade / Skill ability groupings

Individual player evaluations

Team and individual awards

Use of Marsh Grammar School Gym

Emphasis on sportsmanship and teamwork

Chances to win prizes

Sample Daily Schedule

- 8:30-9:00 Open Gym time
- 9:00-9:10 Roll Call / Attendance
- 9:10-9:20 Stretching
- 9:20-9:30 Clinic Defensive Slide
- 9:30-10:15 Drill Stations
- 10:15–10:20 Break
- 10:20-11:45 Team Games
- 11:45-12:00 Morning Review
- 12:00-12:45 Lunch / Staff-Camper Games
- 12:45-1:00 Knockout Game with Coaches
- 1:00-1:45 Lecture
- 1:45-1:50 Break
- 1:50-2:30 Team Games
- 2:30-3:00 Fun Shooting Contests
- 3:00 Dismissal

Registration Form- Deadline July 7, 2017

2017 Methuen Youth Basketball Girls' Summer Hoop Clinic: July 17 – 20

Name: _____ Age: _____ Birth Date: _____

Grade in Fall 2017: _____ T Shirt Size (Adult) S M L XL XXL

Address: _____

City: _____ State: _____ Zip _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Phone (cell): _____

Phone (home/work): _____

Emergency Contact: _____

Emergency Contact Phone: _____

Individual Cost: \$135 Family Cost: \$230 (2) or \$315 (3)

Make Checks Payable to: MYBA SUMMER HOOP CLINIC

Mail Registration to: 15 Erhardt Terrace, Methuen MA 01844

In case of an emergency, I understand every attempt will be made to contact parents or guardians. If they cannot be reached, I hereby give permission to the physician selected by the camp to hospitalize and secure medical treatment.

The person enrolling at the MYBA Summer Hoop Clinic and her parent or legal guardian assume all risk of loss of property or injury to the person, including injuries resulting in death caused by or incidental to dangers related to basketball participation and therefore agrees to hold the MYBA, its Board, employees and volunteers harmless and specifically agree not to make any claims against the MYBA Clinic for any of these injuries which would normally be considered to be normal risk associated with participation in basketball activities.

I hereby authorize the use of participant photographs or other images of the individuals on the clinic's correspondence, brochures, website, in newspapers, news stories, or television, streaming, or other media including but not limited to broadcast or rebroadcast of any clinic related activities.

Parent/Guardian Signature: _____ Date: _____

Health Insurance Company: _____ Policy # _____

Child's Physician's Name: _____ Phone: _____

Please list any medical concerns: _____

We need to have a current immunization record and copy of each child's most recent physical exam. (dated within the last 12 months) Please submit an up-to-date physical and immunization record with this registration. No participant will be allowed to participate until this documentation is received.