

Eleventh Annual Johnson State College Small Fry Basketball Clinic



For Boys and Girls: Session 1: Grades K-3 10 a.m.-11:30 p.m.
Session 2: Grades 4-8 1 p.m.-2:30 p.m.
Saturdays: October 22nd & October 29th

THE CLINIC: The Johnson State College Small Fry Basketball Clinic is for both boys and girls, grades K through 8. The morning session, with the younger children (K-3), will primarily be an introduction to basketball. The afternoon session, with the older children (4-8), will cover more advanced topics and skills. Instruction will be provided by both the JSC Men's and Women's basketball teams.

LOCATION: The Clinic will be located at the Carter Gymnasium on the Johnson State College campus.

SCHEDULE: *Saturday, October 22nd*-Registration begins at 9:15 A.M. for Session 1 and at 12:15 p.m. for Session 2. Participants will then be introduced to the staff and begin the individual improvement cycle, which consists of skill stations. Topics will include ball handling, shooting, defense, passing and many more. The real focus will be fun and fundamentals of basketball.

Saturday, October 29th-The clinic begins with skill stations within the individual improvement cycle. The day will conclude with a brief lecture on individual workouts and drills children can do at home. All participants will be given a packet to take home with them. A drawing will also take place at the conclusion of the day to give out a few prizes

COST: \$40.00 per child. Please make checks payable to *Johnson State College Basketball*.

WHAT YOU GET: FREE T-SHIRT FREE BASKETBALL

EARLY BIRD

REGISTRATION: Return registration form and check before October 14 and the cost is only \$35.00. Please return to Small Fry Basketball Clinic, Michael Osborne, Johnson State College Basketball Office, 337 College Hill, Johnson, VT 05656. For more information, call 802-635-1470.

Johnson State College Small Fry Basketball Clinic Registration Form

Please circle one.

Name _____ Boy _____ Girl _____

Address _____

City _____ State _____ Zip _____

Phone _____ Grade _____

School _____

INSURANCE RELEASE

We (I) the parents of _____ hereby authorize the staff of the Johnson State College Basketball Clinic to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the clinic from any and all liabilities for injuries incurred while at the clinic.

Signature

Return to:

Michael Osborne • Johnson State College • Basketball Office • 337 College Hill • Johnson, VT 05656

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