

HUDSON BOYS BASKETBALL SUMMER DEVELOPMENT CLINIC



IN AN EFFORT TO DEVELOP PLAYERS IN THE HUDSON BOYS BASKETBALL PROGRAM WE ARE OFFERING A SUMMER CLINIC FOR DEVELOPING FUNDAMENTAL SKILLS, PROPER TECHNIQUE, AND SOME GAME SITUATIONS.

OUR GOAL FOR THIS CLINIC WILL PRIMARILY FOCUS ON BUILDING BASIC FUNDAMENTAL SKILLS IN DRIBBLING, PASSING, SHOOTING, AND DEFENSE.

PLAYERS WILL BE LEARNING OFFENSIVE AND DEFENSIVE SKILLS THROUGH DRILLS THAT WE USE AT THE HIGH SCHOOL AND MIDDLE SCHOOL LEVELS, PREPARING THEM FOR THE FUTURE IN OUR PROGRAM.

PLAYERS WILL BE CHALLENGED IN A COMPETITIVE BASKETBALL ENVIRONMENT IN THIS CLINIC (PARTICULARLY IN GRADES 6-9).

THIS CLINIC IS DIFFERENT FROM OUR CAMP IN THAT IN THIS CLINIC WE WILL FOCUS MORE ON INDIVIDUAL OFFENSIVE MOVES, SHOOTING, AND PERIMETER/POST FOCUS. IN ADDITION, WE WILL SOLIDIFY OUR CORE BASKETBALL PROGRAM PHILOSOPHY WITH OUR YOUTH PLAYERS!

DATES: MONDAYS- JUNE 13, 20, 27 & JULY 11, 18

GRADES ENTERING 2-3(2011-12) 12:30-2:00

GRADES ENTERING 4-5(2011-12) 2:00-3:30

DATES: WEDNESDAYS- JUNE 15, 22, 29 & JULY 13, 20

GRADES ENTERING 6-7(2011-12) 12:30-2:30

GRADES ENTERING 8-9(2011-12) 2:30-4:30

LOCATIONS:

WILLOW RIVER ELEMENTARY- JUNE DATES

HUDSON MIDDLE SCHOOL- JULY DATES

COST OF CLINIC:

GRADES 2-5: \$45.00 FOR 5 SESSIONS

GRADES 6-9: \$55.00 FOR 5 SESSIONS

NOTE: PLEASE DO YOUR BEST TO MAKE EACH CLINIC DATE. DRILLS AND GAMES WILL BE PLANNED BASED ON NUMBERS OF PLAYERS. WE UNDERSTAND THAT CONFLICTS MAY ARISE, AND PLEASE COMMUNICATE THAT TO US IF YOU KNOW IN ADVANCE. THANK YOU!

THIS CLINIC IS SPONSORED BY THE HUDSON BASKETBALL ASSOCIATION

**** PLEASE COMPLETE THE REGISTRATION FORM ON THE OTHER SIDE OF THIS FLYER ****

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“RAIDER BASKETBALL- THE TRADITION CONTINUES”

CLINIC HIGHLIGHTS

- INSTRUCTION FROM HUDSON HIGH SCHOOL BOYS BASKETBALL COACHES IN KEY FUNDAMENTAL SKILL AREAS
 - GREAT MIX OF SKILL DEVELOPMENT AND GAME SITUATIONS
 - INDIVIDUAL SHOT ANALYSIS
 - INDIVIDUAL OFFENSIVE MOVES (PERIMETER-POST)

QUESTIONS:

JASON SWAVELY, HUDSON HS BOYS BASKETBALL COACH
(715) 381-0014 (H)
EMAIL- JSWAVELY@BALDWIN-TELECOM.NET

SUMMER DEVELOPMENT CLINIC REGISTRATION FORM

PLAYER NAME _____ PARENT(S) _____

STREET ADDRESS _____ EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

GRADE (2011-12) _____ TSHIRT: ADULT S M L XL YOUTH S M L (CIRCLE ONE)

PARENT CONSENT NOTICE

AS A LEGAL PARENT OR GUARDIAN, I GIVE MY CONSENT FOR CAMP PERSONNEL TO SEEK APPROPRIATE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ILLNESS OR INJURY. I DO NOT HOLD THE CAMP, FACILITY, OR ANY CAMP PERSONNEL FINANCIALLY RESPONSIBLE FOR LIABILITY, COSTS, LOSS OR DAMAGES DURING THE COURSE OF THE CAMP.

PLEASE SIGN BELOW:

PARENT/GUARDIAN SIGNATURE

DATE

DETACH AND MAIL THIS PORTION TO:

HBA: SDC BOYS BASKETBALL

C/O JASON SWAVELY

PO BOX 4

HUDSON, WI 54016

FEE: \$45.00 (GRADES 2-5) \$55.00 (GRADES 6-9)- CHECKS TO HBA- SDC BOYS

REGISTRATION FORMS MUST BE RECEIVED BY FRIDAY, JUNE 3

** THE HUDSON SCHOOL DISTRICT DOES NOT SPONSOR OR ENDORSE THE INFORMATION IDENTIFIED ON THIS FLYER.