



Camp Schedule

Friday

Courts 1, 2 & 3

- 8:00 Stretching/Ballhandling
- 9:05 Stations
- 10:00 Play – offs
- 11:30 Lunch
- 12:30 Competition Finals
- 1:00 Final and Consolation Play-offs
- 2:45 Awards

Rotation Schedule for Skill Stations

	Tues.	Wed.	Thurs.	Fri.
1. Shooting	1	10	7	4
2. Video Analysis	2	11	8	5
3. Rebounding	3	12	9	6
4. Inside Game	4	1	10	7
5. Pick & Roll Back Door	5	2	11	8
6. Individual Defense	6	3	12	9
7. Footwork Conditioning	7	4	1	10
8. Motion Offense	8	5	2	11
9. Advantage Fastbreak	9	6	3	12
10. Individual Offense	10	7	4	1
11. Ball Handling	11	8	5	2
12. Team Defense	12	9	6	3

Hage – Hogan

Est. In 1984



Girls Basketball Camp



July 7th-July 11th

Sponsored by

Sweden/Clarkson Recreation

REGISTRATION FORM

**Please fill out one form for each participant.

Name _____ Grade 9/04 _____

Address _____

Phone _____

Please indicate any Medical Conditions/Allergies you may have or medications you are required to take:

Em. Contact Name _____

Em. Contact Phone # _____

Resident of () Clarkson
() Sweden
() Other _____

T-Shirt Size () S () M () L () XL () XXL
*All Shirts are adult sizes

Experience: () Instructional
() Little League, () Modified,
() JV, () Varsity

WAIVER OF PARTICIPATION

In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent to some recreational programs hereby, for my child, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Town of Sweden and its representatives, successors, and assigns and/or the Town of Clarkson and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I also fully realize that I provide proper medical and hospital coverage. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the activities stated, I do hereby authorize the Town of Sweden to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Town of Sweden Recreation Department Registration/Refund Policy. Refunds are subject to a processing fee.

Signature: _____ Date: _____

Register In Person Or Mail To:
Sweden/Clarkson Community Center
4927 Lake Rd
Brockport, NY 14420
(585) 431 – 0090

****ALL CLINICS ARE PLAY AT OWN RISK****

Please make checks payable to
TOWN OF SWEDEN

Basketball Clinic Grade Divisions

Grades: 3 – 6, 7 – 12

Dates: July 7-11

Times: Grades 3 – 6, 8am – 12pm
Grades 7 – 12, 8am – 3pm

Location: **SCCC Gym**
Brockport Central Gymnasiums

Fees: 3 – 6 \$ 90.00 Resident
*2nd Participant \$ 80.00 Resident
\$95.00 Non-Resident

7 – 12 \$ 130.00 Resident
*2nd Participant \$ 115.00 Resident
4135.00 Non-Resident

***Registration Fee Includes T-Shirt & Ball**

Co-Directors: **Charlie Hage**
Brockport High School
Boy's Varsity Coach
Jack Hogan
Brockport Boy's Basketball
Program Assistant

Camp Staff: **20 Local Area Coaches**

Camp Schedule

Monday

Courts 1,2,3

7:45 Registration

8:30 Introductions

Break Players into Courts

Court 1 Grades 11 - 12
Court 2 Grades 9 -10
Court 3 Grades 7 - 8
Court 4 Grades 5 - 6
Court 5 Grades 3 – 4

9:00 Evaluate Players
11:00 Team Selection
Practice
Station Groups
11:30 Lunch
12:30 Team Practice
1:00 Game 1
2:00 Game 2

Tuesday – Thursday

8:00 – 9:00 Announcements
Stretching
Basketball Basics

Competitions

- **Tuesday – Hot Shot**
- **Wednesday – Free Throw Shooting**
- **Thursday – One on One Contest**

9:05 – 10:00 Stations
10:05 – 11:30 Games
11:30 – 12:15 Lunch
12:15 – 12:45 Lecture
12:45 – 1:00 3 on 3 Scrambles
1:00 Game 1
2:00 Game 2

See you on the court !!!