

2009

11TH ANNUAL CAMP

2009

MANSFIELD HIGH SCHOOL GIRLS BASKETBALL

GRADES 7, 8, 9 (FALL OF '09)

HORNET HOOP CLINIC SUMMER 2009

WHERE: MANSFIELD HIGH SCHOOL GYM, MANSFIELD, MA 02048

WHEN: MONDAY, JUNE 29TH TO THURSDAY, JULY 2ND 8:45 AM-3:30 PM

WHO: GIRLS ENTERING *GRADES 7, 8, 9* IN THE FALL OF 2009

STAFF: DIRECTOR, MIKE REDDING, HEAD COACH, GIRLS' BASKETBALL, MANSFIELD HS
ASST. DIRECTOR, THERESA DEGIROLAMO, HEAD FRESHMEN-GIRLS' BASKETBALL
ASST. DIRECTOR, HEIDI EGAN, HEAD JUNIOR VARSITY-GIRLS' BASKETBALL
FORMER MHS CAPTAINS AND ALUMNI NOW PLAYING ON THE COLLEGE LEVEL
CURRENT VARSITY PLAYERS ON THE 2008-2009 MANSFIELD HS BASKETBALL TEAM

CAMP FEE: ** SAME RATES AS LAST YEAR **
FEE OF \$115.00 PER PERSON INCLUDES FOUR FULL DAYS OF INSTRUCTION AND AN
OFFICIAL MHS CAMP T-SHIRT IF REGISTERED BY JUNE 1ST. PLAYERS SHOULD BRING
THEIR OWN LUNCH. DRINKS WILL BE SOLD AT LUNCH AT A VERY REASONABLE PRICE.
CAMP IS PEANUT-FREE! PLEASE AVOID SNACKS/FOOD THAT CONTAIN ANY PEANUTS!
THERE WILL BE DAILY COMPETITIONS FOR AWARDS, ALSO.
(FAMILY RATE FOR FULL-DAY CAMP IS \$190.00)
(FAMILY RATE FOR CAMP 4,5,6 AND 7,8,9 IS \$150.00)

TYPICAL DAILY SCHEDULE OF DRILLS/GAMES/EVENTS FOR "HOOP CAMP" 2009 !!!!

8:45 AM FREE SHOOTING AND FOUL SHOTS

9:00 AM STRETCHING, AGILITY AND REACTION DRILLS

9:15 AM OFFENSIVE DRILLS AND FUNDAMENTAL SKILL DEVELOPMENT
PASSING, SHOOTING, DRIBBLING, REBOUNDING, SETTING SCREENS

10:15 AM DEFENSIVE DRILLS, SKILL DEVELOPMENT AND TEAM DEFENSE
STANCE, POSITION, SLIDE, REBOUNDING, MAN-TO-MAN, ZONE

10:45 AM STAFF LECTURE ON BASKETBALL TECHNIQUE WITH DEMONSTRATION

11:00 AM PLAYOFF GAMES FOR WNBA (8-9) AND COLLEGE (7-8) DIVISIONS

12:00 PM LUNCH BREAK (DRINKS AVAILABLE, VIDEOS, FREE SHOOTING)

1:00 PM PROGRESSION OF ADVANCED OFFENSIVE SKILLS FROM MORNING

1:30 PM PROGRESSION OF ADVANCED DEFENSIVE SKILLS FROM MORNING

2:20 PM PLAYOFF GAMES FOR WNBA (8-9) AND COLLEGE DIVISIONS (7-8)

3:30 PM CAMP MEETING AND CONTEST AWARD PRESENTATIONS

**** PLEASE SEE OTHER SIDE FOR REGISTRATION FORM AND MAILING INFORMATION ****

DIVISION 2 STATE TOURNAMENT: 2001, 2002, 2004, 2005, 2006, 2007, 2009

GOALS OF THE CAMP: PLAYERS WILL BE INSTRUCTED IN THE FUNDAMENTALS OF THE GAME OF BASKETBALL WITH OFFENSIVE DRILLS FOCUSING ON SHOOTING, DRIBBLING AND PASSING. DEFENSIVE DRILLS WILL INCLUDE EMPHASIS ON BOTH MAN-TO-MAN TECHNIQUES AND ZONE RESPONSIBILITY AS WELL AS REBOUNTING TECHNIQUES. THE CAMP IS ALSO DESIGNED TO IMPROVE THE PLAYER'S CONDITIONING, FLEXIBILITY AND TEAMWORK SKILLS. THERE WILL BE TEAM AND INDIVIDUAL COMPETITIONS TO EVALUATE AND IMPROVE SKILLS. ALL AWARDS WILL BE EARNED ON AN INDIVIDUAL BASIS THROUGH COMPETITIONS. THERE WILL BE NO TEAM AWARDS FOR PLAYOFF COMPETITIONS. THESE GAMES ARE TO ENHANCE INDIVIDUAL SKILLS AND PROMOTE TEAMWORK. ALL PLAYERS WILL PLAY THE SAME NUMBER OF GAMES AND AN EQUAL AMOUNT OF PLAYING TIME. WE WANT THE PLAYERS TO LEAVE THE CAMP WITH A STRONG INTEREST IN CONTINUING THEIR BASKETBALL CAREERS ON THE HIGH SCHOOL LEVEL AND WITH A GOOD UNDERSTANDING OF THE GAME.

ADDITIONAL QUESTIONS OR COMMENTS ??? PLEASE CALL MIKE REDDING AT MHS 261-7540 (# 3167)
OR E-MAIL AT: Michael.Redding@mansfieldschools.com

PLEASE CLIP BELOW AND MAIL TO: GIRLS' YOUTH BASKETBALL CAMP
C/O MICHAEL REDDING
MANSFIELD HIGH SCHOOL
250 EAST STREET
MANSFIELD, MA 02048

CHECK PAYABLE TO: MICHAEL D. REDDING

** THE CAMP RATE INCLUDES A \$10.00 FEE WHICH IS DUE TO A "USE OF FACILITY CHARGE" THAT HAS BEEN ASSESSED BY MANSFIELD PUBLIC SCHOOLS ON SUMMER CAMPS. THE CHARGE IS \$10.00 PER CAMPER.

2009 MANSFIELD HIGH SCHOOL HOOP CAMP FOR GIRLS' BASKETBALL-----REGISTRATION FORM

NAME _____ AGE _____ GRADE-FALL OF 2009 _____

ADDRESS _____ HOME PHONE _____

E-Mail Address _____

T-SHIRT SIZE (PLEASE CIRCLE ONE) S M L XL (ADULT SIZES)

EMERGENCY NAME AND PHONE (8:45 AM-3:30 PM) _____

HEALTH INSURANCE PROVIDER _____

**The above named has my permission to participate in Mansfield HS Basketball Camp. I understand and accept the condition that Mansfield High School, the Camp Directors or any member of the staff will not be liable for accidents and medical or dental expenses that are incurred as a result of participation in this program. I further release the Mansfield Public Schools against any and all claims.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

DOES YOU DAUGHTER HAVE A MEDICAL CONDITION OR ALLERGIES? _____

PLEASE MAKE CHECK PAYABLE TO: MICHAEL D. REDDING (IND. RATE \$115.00/FAMILY RATE \$190.00)

WE LOOK FORWARD TO SEEING YOU ON MONDAY, JUNE 29TH AT 8:30-8:45 A.M. AT THE MANSFIELD HIGH SCHOOL GYM. YOUR CANCELLED CHECK WILL SERVE AS YOUR RECEIPT OF PAYMENT. REMEMBER TO REGISTER BEFORE JUNE 1ST TO GUARANTEE YOUR DAUGHTER HER EXACT T-SHIRT SIZE. IF YOU PROVIDE AN E-MAIL ADDRESS, YOU WILL RECEIVE CONFIRMATION OF REGISTRATION.