



**Algonquin Basketball Clinic for Boys and Girls**  
**2018 Summer Vacation**  
**Grades 1 – 8<sup>th</sup>**

**Monday - Thursday July 9-12th, 2018 9:00 am – Noon**

**or**

**Monday-Thursday August 6-9<sup>th</sup>, 2018 9:00am- Noon**

**At Algonquin Regional High School**

**Director: Coach Brian Doherty**

**Algonquin Boys Varsity Head Coach**

**Also Staffed by: ARHS Basketball Coaches and Boys & Girls Basketball Players**

**Program Features**

**Most important having Fun!!**

Fundamentals and skills development      Ball Handling-Shooting-Defense-Teamwork

1-1 and small group instruction      Competitive game conditions (3x3, 5x5)

Tuition: \$100 per camper

*If you have any questions about the Clinic or for the Coaches, please contact:*

*Brian Doherty: [coachdoherty@hotmail.com](mailto:coachdoherty@hotmail.com)*

**Space is limited. Register today! \*\* Mail Application below / Keep portion of flyer above for reference**

**Clinic Application**

NAME: \_\_\_\_\_ M: \_\_\_ F: \_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ Email: \_\_\_\_\_

EMERGENCY PHONE CONTACT DURING CAMP: \_\_\_\_\_

I, \_\_\_\_\_, Parent/Guardian agree, by enrolling my son/daughter that he/she is physically and mentally able to participate in all of the clinic's activities. In case of medical emergency and I cannot be reached, I hereby give permission to the physician selected by the staff to hospitalize and secure medical treatment for the child. I understand that my medical insurance is expected to cover my child for injuries. I agree not to hold the ARHS Basketball Clinic, its management and staff, and/or ARHS, its management and staff, responsible for any athletic, dental, or bodily injury that may occur to my son/daughter while attending Clinic. I realize and acknowledge that ARHS is not sponsoring this Basketball Clinic.

Please note any impairment which may affect your child's participation \_\_\_\_\_

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Parent or Guardian Printed Name)

**Please mail:**

**Clinic Application and \$100 check made payable to "ARHS Basketball Boosters"**

**To: Brian Doherty, 31 Oak St, Westborough, MA 01581**