

**MANSFIELD HIGH SCHOOL GIRLS BASKETBALL
DIVISION 1 SOUTH SECTIONAL CHAMPIONS-2010
HOCKOMOCK LEAGUE CHAMPIONS-2011**

GRADES 7, 8, 9 (FALL OF '12)

HORNET HOOP CLINIC SUMMER 2012

WHERE: MANSFIELD HIGH SCHOOL GYM, MANSFIELD, MA 02048

WHEN: MONDAY, JUNE 25TH TO THURSDAY, JUNE 28TH 8:30 AM-3:30 PM

WHO: GIRLS ENTERING *GRADES 7, 8, 9* IN THE FALL OF 2012

STAFF: DIRECTOR, MIKE REDDING, HEAD COACH, GIRLS' BASKETBALL, MANSFIELD HS
ASST. DIRECTOR, HEATHER MCPHERSON, 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 2011-2012 MANSFIELD HS BASKETBALL TEAM

CAMP FEE: FEE OF \$125.00 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 TWO AT FULL-DAY CAMP IS \$220.00)

(FAMILY RATE FOR ONE AT CAMP 4,5,6 AND ONE AT 7,8,9 IS \$175.00)

TYPICAL DAILY SCHEDULE OF DRILLS/GAMES/EVENTS FOR "HOOP CAMP" 2012 !!!!

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 1/2 STATE TOURNEY: 2001, 2002, 2004, 2005, 2006, 2007, 2009, 2010, 2011

DIVISION 1 SOUTH SECTIONAL CHAMPIONS-2010
DIVISION 2 SOUTH SECTIONAL FINALISTS-2007
DIVISION 1 SOUTH SECTIONAL FINALISTS-2011
HOCKOMOCK LEAGUE CHAMPIONS-2011

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 REBOUNDING 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

2012 MANSFIELD HIGH SCHOOL HOOP CAMP FOR GIRLS' BASKETBALL-----REGISTRATION FORM

NAME _____ AGE _____ GRADE-FALL OF 2012 _____

ADDRESS _____ HOME PHONE _____

E-Mail Address _____

T-SHIRT SIZE (PLEASE CIRCLE ONE) S M L XL (ADULT UNISEX 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 YOUR DAUGHTER HAVE A MEDICAL CONDITION OR ALLERGIES? _____

PLEASE MAKE CHECK PAYABLE TO: MICHAEL D. REDDING (IND. RATE \$125.00/FAMILY RATE \$220.00)
WE LOOK FORWARD TO SEEING YOU ON MONDAY, JUNE 25TH 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.