



FEBRUARY FAST BREAK CAMP

WINTER BASKETBALL CAMP FOR BOYS & GIRLS GRADES K - 8

DATE/TIME:

February 20-22
Tuesday - Thursday
9 am - 12 pm

LOCATION:

East Greenwich High School
300 Avenger Drive
East Greenwich, RI 02818

PLAYERS:

Boys & Girls, Grades K-8

PRICE:

Please circle your selection:
3-Days Camp: \$75
Day rate: \$30: T W TH

Sibling Discount:

\$15 off/week rate: \$60
\$5 off/day rate: \$25: T W TH

SIGN-UP WITH A CHECK:

Mail form and check made out to:
Batastini School of Basketball
PO Box 28056, Providence, RI 02908

SIGN-UP ONLINE:

Click on "register online" at:
www.schoolofbuckets.com

CONTACT US:

401.646.HOOP
@BSBball on Twitter/Instagram

FEATURES:

The camp focuses on the development of all-around skills with unique teaching stations for offense, defense, and rebounding. Players, grouped by age and talent, will work on shooting fundamentals and position work specific to guards, forwards, and posts. Players will compete in 1 on 1, 3 on 3, and 5 on 5 games and controlled scrimmages. Each camper will receive a BSB T-shirt.

COACHING STAFF:

Christina Batastini played/coached professionally in Europe, played for #1 ranked Stanford University, coached at Brown University, and was a high school Parade and Nike All-American. She has a Masters in Education from Harvard.

She is joined by Hope High School boys' varsity coach, David Nyblom, who is featured in New York Times best-selling author Bill Reynolds' book, "Hope: a School, a Team, a Dream." Nyblom, who has over 35 years' experience coaching at the high school level, played college basketball at Norwich University.

Don't just take the shot...MAKE THE SHOT!™

SIGN-UP:

NAME: _____
AGE: _____ GRADE: _____
ADDRESS: _____
EMAIL: _____
CELL PHONE: _____

I WAIVE AND RELEASE BATASTINI SCHOOL OF BASKETBALL AND ANYONE ASSOCIATED WITH THE CAMP OR WORKOUT FROM ANY LIABILITY FROM INJURY, ACCIDENTS, MEDICAL, OR DENTAL EXPENSES INCURRED AS A RESULT OF PARTICIPATION. I, AS PARENT/GUARDIAN, HAVE ACTUAL KNOWLEDGE OF THE PARTICULARS OF THE PROGRAM, HEREBY VOLUNTARILY CONSENT TO SAID MINOR'S PARTICIPATION AND ASSUME THE RISK ARISING THEREFROM. I HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT IN THE EVENT I CANNOT BE REACHED.

PARENT SIGNATURE: _____