



OFFENSIVE IMPROVEMENT CAMP

SUMMER BASKETBALL CAMP FOR BOYS & GIRLS GRADES K - 12

DATE/TIME:

July 17-21
Monday - Friday
9 am - 3 pm

LOCATION:

Cole Middle School
100 Cedar Ave
East Greenwich, RI 02818

PLAYERS:

Boys & Girls, Grades K-12
Grouped by age/skill level

PRICE:

Please circle your selection:
Full week: \$250
Day rate: \$60: M T W TH F

Sibling Discount:

\$50 off/week rate: \$200
\$10 off/day rate: \$50: M T W TH F

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

FEATURES:

Instruction will focus on individual as well as team offensive concepts. Individual skill instruction will concentrate on ball handling, 1 on 1 play, attacking the rim, and passing under pressure. Particular attention is given to proper shooting mechanics.

Team concepts such as spacing, movement without the ball, screening and using screens, as well as creating opportunities for teammates will be stressed.

1 on 1 and 3 on 3 games will be played where players will be required to use the skills learned earlier in camp. Campers will leave camp with a greater basketball IQ and an in-depth understanding of offensive skills and strategies.

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

SIGN-UP:

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

I WAVE 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: _____