

**Goretti Basketball  
Fall Offensive Skills Clinic  
Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_ (Fall 2016)

School: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

T-Shirt Size (Adult): XS S M L XL

E-Mail: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Emergency #: \_\_\_\_\_

**Make check or money order payable to:**

*St. Maria Goretti Boys Basketball*

**Detach and Return to:**

**St. Maria Goretti High School  
Goretti Basketball Day Camp**

**1535 Oak Hill Ave.**

**Hagerstown, MD 21742**

301-739-4266, x. 160

304-678-9503 (Cell)

St. Maria Goretti High School  
Goretti Boys Basketball Camps  
1535 Oak Hill Ave.  
Hagerstown, MD 21742

# GORETTI BASKETBALL FALL OFFENSIVE SKILLS CLINIC

**Camp Director Matt Miller**

**Head Coach – St. Maria Goretti HS**

**2015 IPSL & MAIT Champs**

**40 wins in two seasons**

**2011 Montgomery County Coach of Year**

**2015 Inside Sports Coach of Year**

**Oct. 29<sup>th</sup> & Nov. 5<sup>th</sup>**

**9:00am-12:00pm**

**The Gael Center at**

**St. Maria Goretti HS**

*Attend One or Both Days!*

**CO-ED Clinic for Hoopers in  
grades 2 through 9**



**For more information, call  
(301) 739-4266, x160  
(202) 213-0436 or e-mail:**

**[mmiller@goretti.org](mailto:mmiller@goretti.org)**

# CLINIC INFORMATION

## COST & OPTIONS

1 Day- \$30 Oct 29<sup>th</sup> \_\_\_ OR Nov 5<sup>th</sup> \_\_\_

2 Days- \$50 Oct 29<sup>th</sup> & Nov 5<sup>th</sup> \_\_\_\_\_

Please mark an 'X' on option you want.

## REGISTRATION

Oct 29<sup>th</sup> and/or Nov 5<sup>th</sup> -

Parents/Campers are to report to The Gael Center between 8:30-9:00 AM

Registration will be set up in the front lobby of The Gael Center.

## LOCATION

The clinic will be held on the campus of St. Maria Goretti High School in the Gael Center.

## FACILITIES

All courts will be used in The Gael Center for stations, competitions and games.

# CLINIC PHILOSOPHY

The St. Maria Goretti High School Offensive Skills Clinic is excited to continue providing a quality basketball camp experience for players right here in Washington County as well as for the surrounding counties and states.

This camp will provide youth players of all ages and abilities a solid foundation of basketball skills and knowledge with instruction from the SMGHS Basketball Staff along with other professional coaches. The main focus of the St. Maria Goretti Basketball Clinic is to have fun playing basketball!!! Players will develop their individual basketball skills, while learning team concepts in a positive game-oriented environment.

## CLINIC FEATURES

- Players are grouped by age and basketball playing ability.
- Daily instruction emphasizing skill development.
- Competitive games and competitions emphasizing tactical learning and teamwork.
- Daily basketball games (3 on 3 and 5 on 5).
- Specialized guard and post instruction.
- "Stations" to emphasize offensive and defensive fundamentals.
- Clinic T-Shirt or bag provided.

## STAFF

All St. Maria Goretti camp staff members are college, high school or youth coaches who are licensed and work with young players on a regular basis, as well as current/former college and high school players.

## Parent/Guardian Consent Form

I certify that to my knowledge, my child has no physical or mental impairments that might be affected by his or her participation in this activity. I certify that my child is covered by a personal insurance policy or is included in a policy I have in force.

In consideration for the right to participate in this activity at St. Maria Goretti High School, I do hereby assume all risks and understand that I am responsible for any accidents or injuries incurred or caused by my child during the time of participation and agree to hold harmless St. Maria Goretti High School, the Athletic Dept., the Archdiocese of Baltimore, or any other individual affiliated with this activity.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Camper's Name

\_\_\_\_\_  
Medical Insurance Company Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Insurance Company Phone #

\_\_\_\_\_  
Insured's Name

## Rules

1. All participants are restricted to gym area with the exception of using the restroom and water fountains.
2. Only individuals with signed release form will be allowed to participate in the activity.
3. Any person caught doing any type of vandalism will be immediately suspended from activity and will be responsible for damages.
4. No horseplay or profanity.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_