



2026 SUPERSTAR BASKETBALL CLINIC

Grades 9–12 July 13–16 | Grades 5–8: July 20–23

Monday–Thursday

8:30–12:00 (No clinic on Friday) | Holliston High School

CO-DIRECTORS

Shane Jackson

Medway High Varsity Boys Head Coach Former
Dean College Women's Assistant Coach
Three-time NJCAA Region XXI Champions

Chris Vanesian

Holliston High Varsity Boys Head Coach
Former Lasell University Assistant Men's Coach

Evan Moon

Medfield High Varsity Boys Head Coach Former
Collegiate Basketball Player, Lasell University
1,000 Point Scorer for Medfield High School

COACHING STAFF

Our experienced coaching staff sets our camp apart from other day camps. We employ primarily local high school varsity and junior varsity coaches.

(Retain top half for your information)

REGISTER ON OUR WEBSITE

www.superstarbasketballschoo.com

CONTACT INFORMATION

Shane Jackson

☎ (508) 944-3760

✉ swjackso@gmail.com

SPECIAL FEATURES

- ▶ Affordable Pricing (\$235 per week)
- ▶ Experienced Coaching Staff
- ▶ Staff Members are seasoned High School and/or College Coaches
- ▶ Individualized Instruction
- ▶ Daily Competitions
- ▶ Awards and FREE T-Shirt!



★ **REGISTER EARLY!** ★

We only accept first 80 campers each week!

REGISTRATION:

Campers will report each Monday at 8:30am at Holliston High School (370 Hollis St, Holliston, MA 01746). Players are responsible for providing their own drink. If paying by check, payment is required with application. We will not be able to apply a refund after June 1, 2026.

Application and payment should be sent to Superstar Basketball Clinic, 235 Village Street, Medway, MA 02053.

SUPERSTAR BASKETBALL PRE-REGISTRATION FORM:

Name: _____ Age: _____ Grade Entering: _____ Shirt Size: _____ (Adult or Youth)
Street/Address: _____ Town: _____ Zip: _____
Parent Name: _____ Parent Cell: _____ Parent Email: _____

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Superstar Basketball Clinic. Recognizing the possibility of physical injury, associated with basketball and in consideration for the Superstar Basketball School accepting the registrant for its summer basketball program, I hereby release, discharge and/or otherwise indemnify the Superstar Basketball School, coaches, their employees and associated personnel, including the owners of the facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the program. This includes accidents which may result in medical, dental or other expenses. I certify that the registrant is in good physical condition, and I authorize use of player photos on the clinic's website or social media applications.

Parent Name (Print): _____ Parent Signature: _____ Date: _____

Checks should be made to: Superstar Basketball Clinic, 235 Village Street, Medway, MA 02053