



2022
SUPERSTAR
BASKETBALL CLINIC
Grades 5-8 July 11-15
Grades 9-12 July 18-22

CLINIC DAYS: MON. – THURS. 8:30-12:00 (No clinic on Friday)
ALL COVID POLICIES AND RESTRICTIONS ARE IN PLACE

FOR REGISTRATION OR OTHER
INFORMATION

Call: Shane (508) 944-3760 or

Herb (508) 446-0767

E-mail: swjackso@gmail.com or

grace8695@verizon.net

SPECIAL FEATURES

Low Cost - \$225 per week

Experienced Coaching Staff

All Staff Members High School or College Coaches

Individualized Instruction

Daily Competitions

Awards and FREE T-Shirt!

WEBSITE:

www.superstarbasketballschoo.com

REGISTER ON OUR WEBSITE

CO-DIRECTORS

HERB GRACE

Medfield High School Head Coach – 33 years

3-Time Tri-Valley “Coach of the Year”

400+ Career Wins

SHANE JACKSON

Medway High School Boys Varsity Assistant

2 Tri-Valley League Titles

Former Dean College Women’s Assistant Coach

Three-time NJCAA Region XXI Champions

COACHING STAFF

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

REGISTRATION: Campers will report each Monday at 8:30 A.M. at **Medway Middle School**. Players are responsible for providing their own snack and drink. If paying by check, payment is required with application. Application and payment should be sent to Superstar Basketball Clinic, 235 Village Street, Medway, MA 02053

YOUR CANCELED CHECK IS YOUR CONFIRMATION. NO REFUNDS ISSUED AFTER JUNE 15TH. (Retain Top Half for Your Information) **(Super Star Basketball Pre-Registration Form)**

Name _____ Age _____ Grade Entering _____

Street Address _____ Town _____ Zip _____ Home Phone _____

School _____ Coach’s Name _____

Parent preferred e-mail address _____ Parent cell phone _____ Shirt Size: _____

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 league’s website or in newspapers.

Parent Name (Print): _____

Parents’ Signature: _____ Date _____

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

