



**2023
SUPERSTAR
BASKETBALL CLINIC
Grades 5-8 July 10-13
Grades 9-12 July 17-20**

CLINIC DAYS: MON. – THURS. 8:30-12:00 (No clinic on Friday)

**REGISTRATION AND CONTACT
INFORMATION**

Call: Shane (508) 944-3760 or

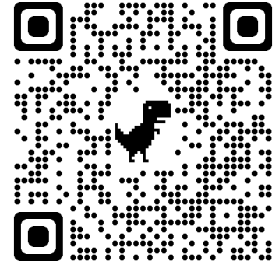
Herb (508) 446-0767

E-mail: swjackso@gmail.com or

hgrace@medfield.email.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

SHANE JACKSON

Medway High School Boys Head Coach

Former Dean College Women's Assistant Coach

Three-time NJCAA Region XXI Champions

HERB GRACE

Medfield High School Head Coach – 34 years

3-Time Tri-Valley "Coach of the Year"

400+ Career Wins

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."

REGISTER EARLY!

**WE CAN ONLY ACCEPT FIRST
100 CAMPERS EACH WEEK!**

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 cellphone _____

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

