

*“Providing Quality
Basketball
Instruction since
1984”*

★ **2020** ★
SUPERSTAR
BASKETBALL SCHOOL
CLINIC DAYS: MON. – THURS. (SEE TIMES BELOW)
(No clinic on Friday)
ALL SESSIONS AT MEDWAY MIDDLE SCHOOL



SESSIONS:

- I. July 13-16 (boys entering grades 5-8) 8:45 am - 3:00 pm (Mon - Thurs)
- II. July 20-23 (boys entering grades 9-12) 8:45 am - 3:00 pm (Mon - Thurs)

CO-DIRECTORS

HERB GRACE

Medfield High School Head Coach – 29 years
3-Time Tri-Valley “Coach of the Year”
400+ Career Wins
9 Tri-Valley League Titles
27 State Tournament Appearances

SHANE JACKSON

Medway High School Freshman Coach Boys
Former Dean College Women’s Assistant Coach
Three-time NJCAA Region XXI Champions
NJCAA National Tournament

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. Every one of our staff members is 18 years and older.”

FOR REGISTRATION INFORMATION

Call: (508) 944-3760

FOR OTHER INFORMATION

Call: (508) 446-0767 or (508) 944-3760

E-mail: swjackso@gmail.com or
grace8695@verizon.net

SPECIAL FEATURES

Low Cost - \$300 per week
Experienced Coaching Staff
All Staff Members High School or College Coaches
Individualized Instruction
Daily Game Competition
Free T-Shirt
***credit card payment available!!**

REGISTRATION: Campers will report each Monday at 9:00 A.M. at Medway Middle School. Players are responsible for providing their own lunch and drink. If paying by check, payment is required with application. Application and payment should be sent to 160 Park Street, Wrentham, MA 02093.
If paying by credit card, go to www.superstarbasketballschoo.com and follow the link for online registration and payment.
YOUR CANCELLED 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 _____

Week Attending _____ T-Shirt Size (Men’s Sizes) _____ Ht. _____

I. July 13-16 (Boys entering Grades 5-8) \$300.00

Small Large

II. July 20-23 (Boys entering Grades 9-12) \$300.00

Medium X-Large

I, the parent / guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Superstar Basketball School. 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.

Parents’ Signature _____ Date _____

Checks should be made to: Superstar Basketball School, 160 Park Street, Wrentham, MA 02093