



# Boys Blue Devil Hoop Clinic

## Sponsored by Middlefield Recreation

"A Clinic To Develop The Complete Player"



## June 20 - June 24

Players entering grades 4 through 9

9:00 - 11:30 A.M.

**Clinic Goal:** Students will be taught shooting, ball handling, passing and rebounding skills, as well as the basic concepts of team offense and defense. It is a skills clinic with individual instruction, games and contests. The clinic is held at Coginchaug High School and is open to all Durham and Middlefield residents.

**\*Team shirts will be provided.**

**Detach and return the form below to:** Middlefield Park and Recreation, 405 Main Street, Middlefield, Ct. 06455

**Make checks payable to:** Middlefield Park and Recreation. Applicants will be accepted through the first day of each clinic.

**For more information, call:** Middlefield Recreation at 349-7122 or Coach Todd Salva at 344-9894.

Director, Coach Todd Salva is a Physical Education teacher in Regional District 13 and is in his twenty seventh season as Head Coach for the Coginchaug "Blue Devils." He has guided his teams to 21 league play-off appearances: ten quarter finals, fourteen semi-finals and four championships – 1995-2007 Champions. They were the 2016 State Championship runner-up. He has won 364 games and was the 2008 Shoreline Coach of the Year.

Director, Coach John Forline has coached basketball for the past 39 seasons at either the J.V. or Varsity level. He is currently a C.R.H.S. assistant coach and also teaches in Regional District 13. Coach Forline was the CIAC Assistant Coach of the Year in 2007 and received the Board 10 Officials award for Sportsmanship in 2012.

Player's Name \_\_\_\_\_ Grade (Entering) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Fee: \$80.00 per player      Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_

Parent/Guardian

I hereby give permission for the above person to participate in the Summer Basketball Clinic, sponsored by the Middlefield Recreation Department. I certify that he is in good health. I have listed below any allergies (such as bee sting), conditions, and/or medications that the program personnel should be made aware. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be located. In the case of injury, I understand that I am responsible for all financial liabilities.

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_