

GIRLS' BLUE DEVIL HOOP CLINIC



At Coginchaug High School
Sponsored by Middlefield Park and Recreation



June 20-24

Players Entering Grades **3, 4, 5, 6 & 7** 12:00-2:30 P.M.

Directors:

Coach John Forline

Coach 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 I.A.A.B.O. Award For Sportsmanship in 2012.

Coach Todd Salva

Coach 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 play-off appearances including championships in 1995 and 2007. He has won 364 games and in 2008 was named Shoreline Coach of the Year. The "Blue Devils" were the 2016 State Championship runner-up.

Clinic: The clinic will focus on offensive development. This will include ball handling, shooting, footwork, and other key fundamentals of the game. There will be games each day as well as break down drills and contests. The objective is to have fun and learn the skills necessary for future success. Players will be grouped by age and skill level. * 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

For more information, call: Middlefield Recreation at 860-349-7122 or Coach John Forline at 860-349-0138

Player's Name _____ Grade Entering _____

Date of Birth _____ Phone Number _____

Address _____

Fee: \$80.00 per player Payment: Cash ____ Check Number _____

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 she 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 of. 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 case of injury, I understand that I am responsible for all financial liabilities.

Parent Guardian Signature _____ Date _____