



# CENTER GROVE GIRLS' BASKETBALL



@cghs\_wbb  
@CoachStuck

## LADY TROJAN SPRING CLINIC

HOSTED & RUN BY  
HEAD COACH KEVIN STUCKMEYER & STAFF

### CLINIC PURPOSE:

The Lady Trojan Clinic is intended to provide CG youth girls' basketball players the opportunity ***to receive direct instruction from the high school coaching staff.*** We ultimately want to provide a fun and enjoyable experience that promotes each player's excitement for the game of basketball. We intend to do this while also building individual core fundamentals and skill level, both offensively and defensively, within the framework of our program philosophies.

We will do this by providing the following basketball opportunities:

### PLAYERS WILL BE EXPOSED TO:

- ✓ Our Championship Mindset
- ✓ Individual Offensive Footwork, Ball Handling, Shooting, & Scoring Moves
- ✓ Our Core Philosophies & Competitive Drills
- ✓ Individual & Team Shooting Competitions
- ✓ 3 vs 3 Playing Competitions

<b>WHO:</b>	CURRENT <u>3RD-5TH GRADE</u> PLAYERS
<b>WHEN:</b>	(THURSDAYS:) APRIL 8TH, APRIL 15TH, APRIL 22ND, APRIL 29TH <u>FROM 6-7PM</u>
<b>WHERE:</b>	CENTER GROVE HIGH SCHOOL (STUDENT ACTIVITY CENTER)
<b>COST:</b>	\$50/PLAYER (\$30 FOR SIBLING SIGN-UP)
<b>REGISTRATION:</b>	MAKE CHECKS PAYABLE: CENTER GROVE HIGH SCHOOL   MEMO: GIRLS' BASKETBALL WALK IN'S WELCOME   DISCOUNT FOR PARTIAL ATTENDANCE   WE WANT ALL TO PARTICIPATE SO IF COST IS AN ISSUE CONTACT COACH STUCKMEYER FOR SCHOLARSHIP OPPORTUNITY
<b>MAIL TO:</b>	KEVIN STUCKMEYER   CGHS   2717 S. MORGANTON RD   GREENWOOD, IN 46143

**Cut out and return BOTTOM of form and turn in with payment**

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Player Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:** Center Grove High School (memo: Girls' Basketball)

I agree that on behalf of the enrolled student named on this registration form, Center Grove High School and/or the Junior Trojan Spring Girls' Basketball Clinic and/or their staff will not be held responsible for any injury, accident, or loss of property, however caused. It is further agreed that all risks involved are assumed by the student and her parent or guardian, who are also responsible for the medical fitness of the enrollee and for all medical costs incurred in case of injury while in attendance at the camp.

**I have read above and consent to terms as stated:**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date