

## **DATES**

November 7<sup>th</sup>  
November 14<sup>th</sup>  
November 21<sup>st</sup>

## **4<sup>TH</sup> GRADE – 8<sup>TH</sup> GRADE GIRLS & BOYS**

**(MAX. 60 PLAYERS PER CLINIC)**

**9AM – 11AM**

## **LOCATION**

Masuk High School

## **COST**

Early Registration \$60\*

Day of Registration \$75\*

Individual Clinic Session \$25

\*All 3 clinic dates included

## **MAIL/DROP OFF REGISTRATION & FULL PAYMENT TO:**

Masuk High School  
1014 Monroe Turnpike  
Monroe, CT 06468

Attn: Panthers Hoop Camp, Pete  
Szklarz

## **Make Checks Payable To: Panthers Hoop Camp**

*Each player will receive a free  
t-shirt!*

# **PANTHERS HOOP CAMP**

## **FALL SKILLS CLINIC**

Co-sponsored By Pete Szklarz, Masuk High  
School Boys Basketball Coach & Monroe  
Parks And Recreation

*The Fall Series of Clinics are designed  
to complement the Summer program  
and will focus on:*

**SHOOTING**

**PASSING**

**BALL HANDLING**

**OFFENSIVE SKILLS**

**DEFENSIVE SKILLS**

**LEADERSHIP DEVELOPMENT**



## **CLINIC DIRECTOR, PETER SZKLARZ**

- Head Coach, Masuk High School Boys Basketball
- Former Assistant Men's Basketball Coach, Western Connecticut State University
- Former Head Coach, Danvers (MA) High School
- Player, Salem State University
  - 3 NCAA Men's DIII Basketball Tournament Appearances
  - 2000 NCAA Men's DIII Basketball Final Four (3<sup>rd</sup> Place)

**For more information, contact:**

**Pete Szklarz 508.843.8883**

**Monroe Parks & Rec 203.452.2806**



**MAKE A COPY OF THIS INFORMATION FOR YOUR RECORDS**

**PANTHERS HOOP CAMP—MONROE PARKS & REC. DEPARTMENT PERMISSION SLIP**

Clinic Selection (Please Check):

ALL 3 Clinic Dates \_\_\_\_\_

Clinic 1 Only (November 7) \_\_\_\_\_ Clinic 2 Only (November 14) \_\_\_\_\_ Clinic 3 Only (November 21) \_\_\_\_\_

Name of player \_\_\_\_\_ Male [       ] Female [       ]

Address \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents Email \_\_\_\_\_ Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Father's name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Other person we should call in case of emergency \_\_\_\_\_

Name

Phone

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Does child have any allergies or special needs? \_\_\_\_\_

Please select shirt size (Adult sizing):    ☐ Small    ☐ Medium    ☐ Large    ☐ Extra Large

"By my signature, I do hereby acknowledge that participation in and any claim for damages and/or injury which may result from such participation governed by the Connecticut General Statutes, Sections 52-557f through 52-557l, commonly referred to as the Recreational Land Use Act and may be further governed by Connecticut General Statute, Sections 52-557n and 52-557m, which generally absolves the Town of Monroe, the Parks and Recreation Department and Commission, the Board of Education, the Panthers Hoop Camp and its staff and its volunteer coaches of all liability including claims and suits at law or in equity for any injury which may result directly or indirectly by participation in this activity. I further acknowledge that sports activities are inherently contact oriented and as a consequence thereof can and sometimes do lead to injury and I further realize that I have waived all claims which may result against all of the aforesaid individuals and entities."

In the event of illness or injury to the above - named child and after an attempt has been made to reach the parents or guardian of the child informing them of such injury, the Basketball Camp director is hereby authorized to contract for and authorize treatment by a medical doctor.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please make checks payable to: Panthers Hoop Camp**