Shoot Straight Basketball

Over *30 Years of Fun and Fundamentals*

Founders	**Cambridge Recreation**	**Site Director**
Joe Colannio	**Vladimir Pierre**	**Lance Dottin**
Mike Jarvis	**617-349-6228**	

The Cambridge Recreation Department and Shoot Straight Inc. will offer their annual instructional basketball program for boys and girls, grades 3-6. The goal of this program is to teach boys and girls basketball skill, team play, and sportsmanship. Each session will provide a combination of skills instruction, and game play.

Program will run for 10 weeks beginning Saturday, January 6, 2018 – March 10, 2018

Location: **Cambridge Rindge and Latin Al Coccoluto Gymnasium**

Cost**: $35.00** for the 10 week program make checks **payable to Shoot Straight Inc.**

Sessions	**Format**
I – Grades 3-4 Boys and Girls	**a) Skill instruction in fundamentals – 45 minutes**
9:00am – 10:30am	**b) Competitive games stressing team play – 45 minutes**

II- Grades 5-6 Boys and Girls

10:30am – 12:30pm

a)	**10:30 -11:30**	**a) Skills instruction in fundamentals – 50 minutes**
b)	**11:30 – 12:30**	**b) League play games – 50 minutes**

Snow cancelation will be announced at the War Memorial Recreation Facebook Page or simply call (617 349 6228).

Registration and fee must be returned by January 1, 2018 to:

Vladimir Pierre, Shoot Straight, c/o Cambridge Recreation Department,
51 Inman Street Cambridge, MA 02139

No AAU or Cambridge Pride player may participate.

Registration Form

Name: _____ Grade:_____

School: _____

Street Address: _____City/Town_____ Zip Code_____

Parent/Guardian: _____

Emergency Contact: _____

Phone Number/s: _____

My child _____ has permission to participate in the Shoot Straight Basketball Program. Shoot Straight will take every precaution for the safety of the children but will not accept responsibility for any injuries sustained. Injury, both minor and serious, is possible in any movement experience and athletic participation. In the event I cannot be reached in an emergency, I here-by give permission to those in authority to administer immediate emergency first aid and to contact medical emergency personnel if necessary

Parent / Guardian Signature: _____ Date: _____