



Shoot Straight Basketball
Over 30 Years of Fun and Fundamentals

Founders

Joe Colannio
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Program Director

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Cambridge Recreation

Vladimir Pierre
617-349-6228

Shoot Straight Inc. with the support of the Cambridge Recreation Division 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 4, 2020 – March 8, 2020

Location: Cambridge Rindge and Latin Al Coccoluto Gymnasium

Cost: \$50.00 for the 10 week program make checks **payable to Shoot Straight.**

Sessions:

Format

I – Grades 3-4 Boys and Girls
9:00am – 10:30am

- a) Skill instruction in fundamentals – 45 minutes**
- b) Competitive games stressing team play – 45 minutes**

II- Grades 5-6 Boys and Girls
10:30am – 12:30pm

- a) 10:30am -11:15am** **a) Skills instruction in fundamentals – 45 minutes**
- b) 11:15am – 12:00pm** **b) League play games – 45 minutes**

Snow cancelation will be announced at the War Memorial Recreation Facebook Page or simply call (617 349 6279).

Registration and fee must be returned by January 1, 2020 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: _____