



Boys Blue Devil Hoop Clinic

Sponsored by Durham Recreation

"A Clinic To Develop The Complete Player"



Session 1 - June 21 - June 25

Grades 4-6 (entering) 9:00 - 11:30 A.M.

Grades 1-3 (entering) 12:00 - 2:30 P.M.

Session 2 - June 28 - July 2

Grades 7-9 (entering) 9:00 - 11:30 A.M.

Clinic Goal: Students will be taught shooting, ball handling, passing and rebounding skills, as well as the basic concepts of team offense and defense. It is a skills clinic with individual instruction, games and contests. The clinic is held at Cuginchaug High School and is open to all Durham and Middlefield residents.

Team shirts and water bottles will be provided.

Detach and return the form below to: Durham Recreation, P.O. Box 428, Durham, CT.

Make checks payable to: Durham Recreation. Applicants will be accepted through the first day of each Clinic.

For more information, call: Durham Recreation at 343-6724 or Coach Todd Salva at 344-9894.

Director, Coach Todd Salva is a Physical Education teacher in Regional District 13 and is in his twentieth season as Head Coach for the Cuginchaug "Blue Devils." He has guided his teams to 16 league play-off appearances: seven quarter finals, eleven semi-finals and four championships – 1995-2007 Champions. He has won 281 games and was the 2008 Shoreline Coach of the Year.

Assistant Director, Coach John Forline has coached basketball for the past 32 seasons at either the J.V. or Varsity level. He is currently a C.R.H.S. assistant basketball coach and also teaches in Regional District 13. Coach Forline was the CIAC Assistant Coach of the Year in 2007 and has been highly instrumental in developing players at the Blue Devil Hoop Clinic.

Player's Name _____ Grade Entering _____

Date of Birth _____ Phone Number _____

Address _____

Fee: \$75.00 per player Payment: Cash _____ Check _____ Check # _____

Parent/Guardian

I hereby give permission for the above person to participate in the Summer Basketball Clinic, sponsored by the Durham Recreation Department. I certify that he 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. 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 the case of injury, I understand that I am responsible for all financial liabilities.

Parent Guardian Signature _____ Date _____