

# WINS For Life

## Youth Basketball Clinics



### WINS for Life clinics promote:

- \* Fun Learning, Lotsa Smiles
- \* Self-esteem, Confidence
- \* Communication skills
- \* Sportsmanship, Teamwork
- \* Inclusion, Diversity
- \* Healthy interactions
- \* Competitive spirit, desire, effort

### WINS for Life clinics provide:

- \* Outstanding instruction
- \* Experienced coaches
- \* Enthusiasm, praise, support
- \* Individual skills & Team concepts
- \* Unique drills, improved ability
- \* Fun Games & Competitions
- \* Basketball knowledge

## “2020 Friday Night Basketball Clinics”

[wins4life.com](http://wins4life.com)

**Site: Star Hill Athletic Center, 100 Gerber Drive, Tolland, CT. 06084**

WINS For Life elevates the skill level of youth basketball students while contributing to their self-esteem and confidence. Students participating in WINS For Life clinics will improve their basketball skills and learn important life lessons. Individual attention, encouragement, and instruction are at a premium. Our “offensive skills” clinics cover basic and advanced fundamentals, including ball-handling, passing, shooting, cutting, one on one moves, and creating scoring opportunities. This fun learning opportunity features some games and contests to reinforce the skills and lessons taught.

**Session A1:** Grades 4-7 (boys & girls)  
Time: 5:30pm-7:00pm

**Fee:** \$35 per clinic, or \$130 (all four clinics)  
**Dates:** 9/25, 10/2, 10/9, 10/16 (Friday’s, 4 weeks)

**Session A2:** Grades 8-11 (boys & girls)  
Time: 7:15pm-8:45pm

**Fee:** \$35 per clinic, or \$130 (all four clinics)  
**Dates:** 9/25, 10/2, 10/9, 10/16 (Friday’s, 4 weeks)

**Session B1:** Grades 4-7 (boys & girls)  
Time: 5:30pm-7:00pm

**Fee:** \$35 per clinic, or \$130 (all four clinics)  
**Dates:** 10/23, 10/30, 11/6, 11/13 (Friday’s, 4 weeks)

**Session B2:** Grades 8-11 (boys & girls)  
Time: 7:15pm-8:45pm

**Fee:** \$35 per clinic, or \$130 (all four clinics)  
**Dates:** 10/23, 10/30, 11/6, 11/13 (Friday’s, 4 weeks)

### **\*\* WINS For Life Friday Night Clinics (at Star Hill) Registration Form \*\***

**Checks payable to: WINS For Life** (one form per person)

**Mail to: WINS For Life, P.O. Box 8396, Manchester, CT. 06042-8396**

**Contact:** David Vasquenza, **Office:** (860) 645-1934 **Email:** wins4life@cox.net

**Session A:** A1: \_\_\_ A2: \_\_\_ **Session B:** B1: \_\_\_ B2: \_\_\_ **Total Fee:** \$ \_\_\_\_\_

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Father:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **\*Parent signature:** \_\_\_\_\_

**\*For Allergies or other medical conditions, attach a note to this form. \*Parent signature (above) is required to enroll the student.**

**\*With signature, I agree to all of the following:** I understand basketball has risk of personal injury. As parent/guardian to participating student, I agree to full responsibility (as does the student) for the health & safety of the student. I accept responsibility for all financial liabilities. The student is in good physical and mental condition and does not have a condition that could be aggravated by participation, nor has a medical condition that could place others in harm’s way. I agree to allow immediate medical care, if needed. I acknowledge the contagious nature of COVID-19. I voluntarily assume & accept the risk that my child (the participant) may have increased exposure to this virus. I agree to waive, release and hold harmless WINS For Life of any and all physical, medical, health and property incidents, including waiver of the staff, other participants, the town of Tolland, and Star Hill Family Athletic Center. Each student is responsible for personal property. Photos & video of students in WINS activities may be taken by WINS staff only. If reimbursement is necessary & approved by WINS For Life, a service fee will be assessed (checks: \$10, credit cards: \$15).