

Northside Baptist Church Basketball Welcomes 1st Annual Rising Stars Hoops Clinic

Saturday, December 5th (9am–1 pm) at Northside Baptist Church Gym
All Northside Baptist Players and Friends Grades K-7 are encouraged to attend

**SIX WAYS TO MAKE YOUR WINTER UPWARD BASKETBALL SEASON A SUCCESS
PLUS 5 ON 5 GAMES, KNOCKOUT, AND OTHER COMPETITIONS FOR AWARDS!**

SUPER SIX SELF IMPROVEMENT STATIONS

1. Kentucky Shot Development From The Ground Up
2. Duke Ballhandling Workout Series
3. Georgia Tech Passing and Catching Concepts
4. Kansas Defensive Footwork Drills
5. 5 on 5 Play (Spacing and Floor Balance)
6. NBA Free Throw Shooting Method



Rising Stars: Saturday, December 5th

When: 9:00am-1:00pm

Where: Northside Baptist Gym, 11125 Houze Road, Roswell

Ages: Girls and Boys –Kindergarten thru 7th Grade

Cost: \$75 includes Rising Stars T-Shirt, Basketball, and Water Bottle and other prizes for Hustle, Attitude, Sportsmanship, and Individual Competitions (Knockout, Free Throws, Hot Shot, etc)

Rising Stars is staffed by local college and high school coaches as well as local college players. As we begin our 12th year in the Atlanta Area, we are proud of the many young players who have developed through our fun and fundamental teaching philosophy. Specific Information about our camps is available at: www.risingstarshoops.net or by calling at 864.325.9552.

******Please register early space is limited******

**To Register please submit application and full payment by December 1st by mail or online at
www.RISINGSTARSHOOPS.net**

** Confirmation outlining registration, times, snack etc. will follow receipt of application by mail**

Northside Baptist Church Roswell Hoops Clinic

Name: _____ Grade: _____ Emergency Phone: _____

Address: _____ City: _____ Zip: _____

I hereby authorize the directors of the Rising Stars Clinics, Inc. and Northside Baptist Church to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Rising Stars Basketball Clinic, Inc. and Northside Baptist Church from all liability and agree to accept all medical expense incurred. I know of no mental or physical problem which would affect my child's ability to safely participate in the clinic.

Health Insurance Provider: _____ Policy #: _____

Parent Signature: _____ E-mail address: _____

Make Checks Payable to:
RISING STARS BASKETBALL
4209 Gateswalk Way
Smyrna, GA 30080

WWW.RISINGSTARSHOOPS.NET