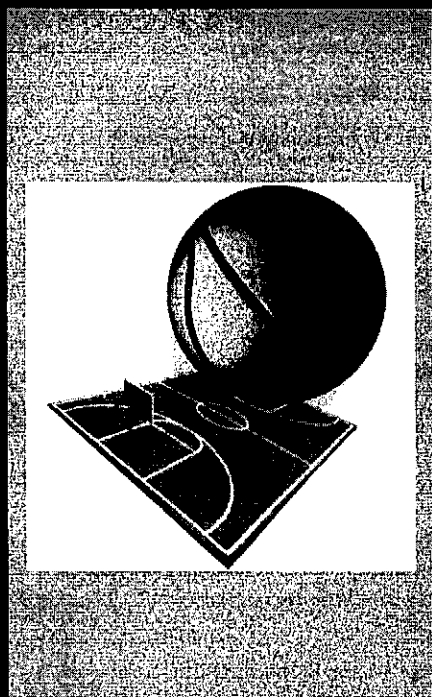


LISBON RECREATION BASKETBALL CAMP

KINDERGARTEN THROUGH 3RD GRADE

JULY 28- AUGUST 1

10:00 – 12:00 AT LISBON CENTRAL SCHOOL



PLEASE SEND REGISTRATION
FORMS TO:

ATTN: CHRIS FABRY
LISBON TOWN HALL
1 NEWENT RD
LISBON, CT 06351

DEADLINE: JULY 18TH
40 CAMPER MAXIMUM

REGISTRATION FORM IS ON BACK

CAMP INFORMATION

\$60 Lisbon Residents

\$70 Non-Lisbon

This camp will focus on necessary skills for age appropriate levels:

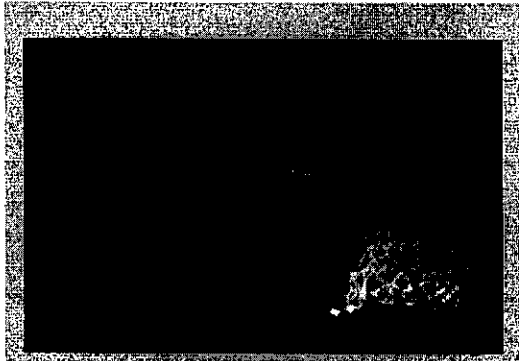
- Ball Handling
- Defensive Concepts and Positioning
- Shooting
- Passing
- Team Play

CAMP COORDINATOR: CHRIS FABRY

Chris has a Bachelors of Science from Springfield College in Movement and Sports Studies, with a degree in Physical Education and Health Education and a Masters in Education from Sacred Heart University. Chris teaches Health Education, Physical Education, and Adaptive Physical Education at both Lyman Memorial High School and Lebanon Middle School. Here he has coached numerous sports teams. Chris coached girls basketball, outdoor boys and girls track , and currently coaches boys' varsity basketball at Lyman Memorial High School. Chris ran a winter program this year for K-2 students on Saturday mornings for 8 weeks. Students learned essential skills to be prepared for eventual game play. This program will be similar to the winter program but as players skill progress so will the drills and modified games.

SPONSORED BY LISBON RECREATION

QUESTIONS CONTACT CHRIS FABRY AT
chrisfabry@yahoo.com



**AGE APPROPRIATE
DEVELOPMENTAL DRILLS
DESIGNED SPECIFICALLY FOR THIS
PROGRAM**

I, the undersigned, understand that there is an element of risk involved with children participating in the sport of basketball and that injury may occur. With this understanding I voluntarily give my permission for my child to participate in the Lisbon Recreation Basketball camp program.

Parent/Guardian Signature

Medical Concerns if applicable:

REGISTRATION INFORMATION

Name _____

(circle)

Shirt Size: Youth: S M L Adult: S M L

Grade: K 1st 2nd 3rd

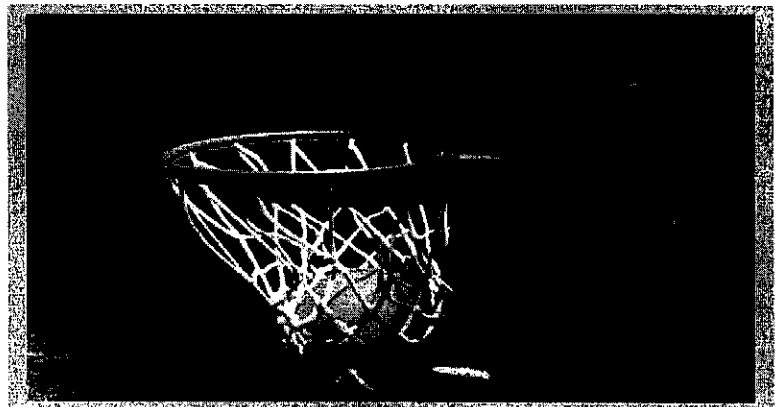
Address: _____

Phone #: _____

Parent/Guardian's Name _____

Email: _____

Emergency Name & Phone Number: _____



DEVELOPMENTAL BASKETBALL CAMP

