

Johnson Ferry Recreation Ministry Welcomes 3rd Annual Rising Stars Holiday Hoops Clinic

Monday, December 22nd –Tuesday, December 23rd
*****Players May choose Session or Individual Days*****

SIX WAYS TO MAKE YOUR UPWARD WINTER 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: Mon, Dec. 22nd- Tue, Dec. 23rd
When: 9:00am-3:00pm (Early Drop Off 8:30am)
Where: Johnson Ferry Baptist Church Gym
Ages: Girls and Boys –Kindergarten thru 8th Grade
Cost: \$ 75.00 per day or \$135.00 for both

Players will receive a Rising Stars T-Shirt on Monday, Basketball on Tuesday and other competition prizes.

Rising Stars is staffed by local college and high school coaches as well as local college players. As we begin our 11th year in the Atlanta area, we are proud of the many young players we have developed through fun and fundamental teaching. Specific Information about our camps is available at: www.risingstarshoops.net or by calling Rising Stars at 864-325-9552

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

To Register please submit application and full payment by December 15th by mail or online at www.JohnsonFerry.org/recreation

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

2008 Rising Stars/ Johnson Ferry Baptist Holiday Hoops Clinic

Name: _____ Grade: _____ Emergency Phone: _____

Address: _____ City: _____ Zip: _____

I hereby authorize the directors of the Rising Stars Clinics, Inc. 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 Johnson Ferry Recreation Ministry 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: _____

***** Please Check All days Attending*****

Session I

_____ Monday Dec. 22nd \$75.00
_____ Tuesday Dec. 23rd \$75.00
_____ Both Days \$135.00

Make Checks Payable to:
Johnson Ferry Baptist Church
c/o Recreation Ministry
955 Johnson Ferry Road
Marietta, GA 30068