

Sample Daily Schedule

8:00 – 8:15	Meet With Counselors
8:15 – 8:30	Roll Call
8:30 – 8:45	Warm-Up (Stretching)
8:45 – 9:00	Mass Drills
9:00 – 10:00	Fundamental Stations
10:00 – 10:30	Team Building
10:30 – 11:15	Guest Speaker Presentation
11:15 – 12:00	LUNCH BREAK
12:00 – 1:00	Games Team Competitions
1:00	Dismissal

There is no fee for this clinic.
It is **FREE** to all participants.
Please return this application to:

Shelby Metro / SCIAA
Shelby County Schools
Sports and Awareness Program Clinic
Donald E. Holmes, Director
Airways School
2601 Ketchum
Memphis, Tennessee 38114

Site: _____

Date _____

Please choose from the locations & dates
listed in this brochure.



Dorsey E. Hopson, II, Superintendent



SHELBY METRO / SCIAA
SHELBY COUNTY SCHOOLS
SPORTS PROGRAM
Airways School
2601 Ketchum
Memphis, Tennessee 38114

SHELBY METRO / SCIAA



SHELBY COUNTY SCHOOLS SPORTS

and Awareness Clinic

SOCCER CAMP

JUNE 5 - 9, 2017
Kingsbury High School (coed)

FOOTBALL CAMP

JUNE 5 - 10, 2017
Whitehaven Stadium
8:00 a.m. - 1:00 p.m. . Age 6-14
{Special Guests}

BASKETBALL CAMPS

JUNE 12 - 16, 2017
Douglass High School (coed)

JUNE 19-23, 2017
Southwind High School (coed)

JULY 10-14, 2017
SCIAA Gymnasium (coed)
Airways School
2601 Ketchum Street

JULY 17 - 21, 2017
Mitchell High School (coed)

JULY 24-28, 2017
Trezvant High School (coed)

GOLF CAMP

JUNE 26 - JULY 7, 2017
Links of Whitehaven Golf Course

Clinic Information

Registration

The week-long Shelby Metro / SCIAA Shelby County Schools Sports and Awareness Clinic begin each Monday at 8:00-8:30 a.m. Registration is from 8:00-8:30 a.m. If you have a site preference, please indicate it on the application form.

Insurance and Medical Care

An accident and health insurance package is provided for all participants.

Dress Code

Shorts, T-Shirts, socks and sports appropriate shoes.

Weekly Schedule

The clinic begins Monday morning after registration and ends at 1:00 p.m. The remainder of the week the clinic begins promptly at 8:00 a.m. and ends at 1:00 p.m. daily. The camp concludes Friday with an awards ceremony at 12:00 Noon. A typical day's schedule is inclined in this brochure.

Purpose & Objective

The primary objective of the Shelby Metro / SCIAA Shelby County Schools Sports and Awareness Clinic is fundamental instruction for boys and girls in the basics of basketball, golf and soccer. Each participant receives instruction from a hand-picked staff composed of top coaches and collegiate players in the Mid-South.

Competitiveness also plays an important role in the Shelby Metro / SCIAA Shelby County Schools Sports and Awareness Clinic because there is a strong emphasis on team play and sound fundamentals.

The Shelby Metro / SCIAA Shelby County Schools Staff believes this top-level, motivates each participant to realize his/her full potential.

Eligibility

All boys and girls the ages 8 through 18 or graduating seniors are eligible to enroll in the Shelby Metro / SCIAA Shelby County Schools Sports and Awareness Clinic.

Camp Features

- ☐ **Outstanding staff featuring various Mid-South high school coaches and collegiate players**
- ☐ **Fundamental training in all aspects of the game**
- ☐ **Team competition based on age and skill levels**
- ☐ **Exposure to recruiting and scouting collegiate coaches**
- ☐ **Low camper to staff ratio**
- ☐ **Daily lectures from guest speakers in various areas (Ex: Goal Setting, Healthcare, Money Management, and Academics)**
- ☐ **Camp T-Shirt**
- ☐ **Report Card**
- ☐ **Snacks and concessions**

Awards

The Shelby Metro / SCIAA Shelby County Schools Sports and Awareness Clinic believes in rewarding outstanding achievement and has given numerous awards for exceptional performance. Each Friday the final camp activity is an award's ceremony. Participants receive a Shelby Metro / SCIAA Shelby County Schools Sports and Awareness Clinic T-shirt, a certificate of participation, a report card, and additional awards when applicable.

Shelby Metro / SCIAA Shelby County Schools Sports & Awareness Clinic Application

Camp Site / Location

Participant Name

Address

City, State, Zip Code

Telephone Number

T-shirt Size ____ Male ____ Female ____

Age ____ Grade (2016-2017) ____

Parent/Guardian

Address

City, State, Zip Code

Home Telephone / Work Telephone

In case of an emergency contact:

Name

Phone

I _____

CERTIFY THAT MY CHILD IS PHYSICALLY ABLE TO PARTICIPATE IN ALL ACTIVITIES.

I hereby state that Shelby Metro / SCIAA Sports and Awareness Clinic is not responsible for any pre-existing medical disorder or injury, and authorize the directors to act for me according to their best judgment in an emergency. I also understand that SMBAC cannot assume responsibility for medical, dental, or health expenses incurred as a result of my child's participation in this clinic, but do provide secondary accident insurance as a result of injury from play.

Parent/Guardian Signature _____