

Redfield Basketball Clinic



March 23rd & 24th

7th - 12th Grade → Boys/Girls

3rd - 6th Grade → Boys/Girls



WORKOUT GOALS

Workouts are designed to provide each athlete with a high-intensity workout that teaches the skill sets needed to make athletes' individual workouts more productive, therefore enhancing their game.

CLINIC FEATURES

- In-season and off-season shooting program
- Shooting instruction and development
- Footwork and shot preparation
- Strength training and agility

ADVANCED DRILLS

- Carmelo Anthony Series
- Half Spin Series
- Kobe Back Pivot Series
- D Wade Series
- NBA Guard Crawls
- Attack The Point
- V Drill
- NBA Post Series



Each athlete receives Warwick Workout gear with each session.

CLINIC DETAILS

Location: Redfield High School Gym

Session 1: 7th – 12th Grade → Boys and Girls

Saturday, March 23rd 10:00am – 1:00

Sunday, March 24th 1:30pm – 4:30

Session 1 participants receive Warwick Workouts Game Shorts and T-shirts.

Session 2: 3rd – 6th Grade → Boys and Girls

Saturday, March 23rd 1:30pm – 3:30

Sunday, March 24th 5:00pm – 7:00

Session 2 participants receive Warwick Workouts T-shirt, basketball and water bottle.



Session 1 Cost: \$110

Session 2 Cost: \$89

For more information about Warwick Workouts please visit our website at:

www.warwickworkouts.com

or contact us at

warwickworkouts@gmail.com

Like us on Facebook and follow us on Twitter to stay informed about upcoming events!



Follow us on Twitter at:
@warwickworkouts

To register for the clinic or for questions contact:

Tommy Gregg
502 E 2nd Ave
Redfield, SD 57469

Phone: 605-472-4520 school

Email: tommy.gregg@k12.sd.us

REGISTRATION FORM



To reserve your spot please send this registration form and full camp payment to Tommy Gregg.

Please make checks payable to Avera Sports Institute.

Name: _____

Grade: _____

Email: _____

Phone: _____

School: _____

Camp Session: _____

I understand that the staff is not and will not be held responsible for illness or injury while my child participates in camp activities. I authorize the staff to secure any emergency treatment deemed necessary. I also acknowledge that the above participant is physically ready for camp activities.

Parent Signature: _____ Date: _____