



**Shoot Straight Basketball
Over 30 Years of Fun and Fundamentals**

Founders

Joe Colannio
Mike Jarvis

Site Director

Lance Dottin

Cambridge Recreation

Bob Goodwin
617-349-6228

The Cambridge Recreation Department and Shoot Straight Inc. will offer their annual instructional basketball program for boys and girls, grades 3-6. The goal of this program is to teach boys and girls basketball skill, team play, and sportsmanship. Each session will provide a combination of skills instruction, and game play.

Program will run for 10 weeks beginning Saturday, January 7, 2017 – March 10, 2017

Location: Cambridge Rindge and Latin Al Cocoluto Gymnasium

Cost: \$35.00 for the 10 week program make checks payable to Shoot Straight Inc.

Sessions

I – Grades 3-4 Boys and Girls
9:00am – 10:30am

Format

- a) Skill instruction in fundamentals – 45 minutes
- b) Competitive games stressing team play – 45 minutes

II- Grades 5-6 Boys and Girls
10:30am – 12:00pm

- a) 10:30 -11:15
- b) 11:15 – 12:00

- a) Skills instruction in fundamentals – 45 minutes
- b) League play games – 45 minutes

Snow cancelation will be announced on WHDH-Channel 7, as Cambridge Recreation Department

Registration and fee must be returned by January 2, 2017 to:
Bob Goodwin, Shoot Straight, c/o Cambridge Recreation Department,
51 Inman Street Cambridge, MA 02139
No AAU or Cambridge Pride player may participate.

*Approved
C. J. Sullivan
12-6-16*

Registration Form

Name: _____ Grade: _____

School: _____

Street Address: _____ City/Town _____ Zip Code _____

Parent/Guardian: _____

Emergency Contact: _____

Phone Number/s: _____

My child _____ has permission to participate in the Shoot Straight Basket Ball Program. Shoot Straight will take every precaution for the safety of the children but will not accept responsibility for any injuries sustained. Injury, both minor and serious, is possible in any movement experience and athletic participation. In the event I cannot be reached in an emergency, I hereby give permission to those in authority to administer immediate emergency first aid and to contact medical emergency personnel if necessary

Parent / Guardian Signature: _____ Date: _____