



# Warwick Workouts

Advanced Offensive Player Development Camps and Clinics

Powered by Avera Sports

## MLS (Mohall) Offensive Skills Training Camp

Camp Date: August 1-3, 2016

Location: *Mohall School Gym – Mohall, ND*

*with Warwick Workout Lead Trainer – Greg Foster*

### 7th-12th Grade Boys & Girls

Monday, August 1 ..... 6:30-9:30 pm

Tuesday, August 2 ..... TBA (6:00-10:00 pm) - **Shooting sessions**– Athletes will attend 1 of the 2 shooting sessions times. This helps to ensure we have the most productive shooting session and optimal teaching environment. The athletes will be broken into 2 groups (each 2 hours in length) after the first session – **If our total number of athletes is less 30** we might have everyone do their shooting together from 7:00 to 9:00 pm.

Wednesday, August 3 ..... 6:30-9:30 PM

**Cost: \$145 - Make checks payable to: Avera Sports**

### Camp Features:

3 session camp – focused on Advanced Offensive Skills designed to enhance and expand an athlete’s skill set

- Shooting and scoring drills
- Perimeter moves currently used by college and Pro players
- Shooting instruction and development
- Creating space to score
- Finishing Drills
- Advanced ball handling concepts



To register please send registration form and full camp payment to:

Laura Savelkoul  
PO Box 627  
Mohall, ND 58761

For questions about the clinic please contact:

Laura Savelkoul (701) 240-6203  
momshelpingothers@yahoo.com

*Each athlete will receive Warwick Workout shorts and t-shirt*

For more information, visit our website at [WarwickWorkouts.com](http://WarwickWorkouts.com) or contact North Dakota Director Greg Foster at 701-208-1341

## MLS Offensive Skills Camp Registration Form

**August 1-3, 2016**

Name of Athlete \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

7th-12th Grade Boys & Girls (\$145)

Make checks payable to: Avera Sports

### **Camp Waiver Information**

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