



**Warwick Workouts**  
Advanced Offensive Player Development Camps and Clinics

*Powered by Avera Sports*

## Fairmont Basketball Clinic

**Clinic Dates: December 6, 13, 20**

K-3<sup>rd</sup> Grade Boys/Girls

3<sup>rd</sup>-6<sup>th</sup> Boys/Girls

Featuring Warwick Workout Lead Trainers:  
*Cody Schilling & Derrell Williams*

### **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 programs
- Shooting instruction and development
- Footwork/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



***Each athlete receives Warwick Workouts t-shirt & Hoodie***

**For more information, visit our website  
at [WarwickWorkouts.com](http://WarwickWorkouts.com) or contact us at  
605-391-6700 or [warwickworkouts@gmail.com](mailto:warwickworkouts@gmail.com)**



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@warwickworkouts

# Clinic Details

**Location:** Annex Gym  
Fairmont Elementary School

**Dates:** Saturday, December 6<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup>

## Session 1

K-3<sup>rd</sup> Grade Boys/Girls  
9:00-10:15 am  
Cost \$104

## Sessions 2

3<sup>rd</sup>-6<sup>th</sup> Grade Boys/Girls  
10:30-12:30pm  
Cost \$140

**Each athlete receives Warwick Workouts t-shirt & Hoodie**

For questions about the clinic please contact:  
Jared Thompson (507) 236-9323 OR Don Waletich (507) 399-3479

## Registration Form

To register for clinic please send this registration form and full camp payment to



Jared Thompson  
Fairmont High School  
900 Johnson Street  
Fairmont, MN 56031

**Please make checks payable to: Avera Sports**

Name of athlete \_\_\_\_\_ Grade \_\_\_\_\_

Session 1 (K-3) \$104

Session 2 (3-6) \$140

Parent name \_\_\_\_\_

Contact number \_\_\_\_\_

Email address \_\_\_\_\_

**Fairmont Youth Basketball Clinic  
December 6, 13, 20**

## 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