



# Warwick Workouts

Advanced Offensive Player Development Camps and Clinics

Powered by Avera Sports

## Newell Advanced Offensive Skills Training Camp

### Camp Date: July 11 & 12, 2016

Location: *Newell High School Gym*

#### *Session 1: 7th-12th Grade Boys/Girls*

Monday, July 11<sup>th</sup> .....9:00-noon

Monday, July 11<sup>th</sup> .....1:30-3:30 pm or

4:00-6:00 (*shooting sessions*)

Tuesday, July 12<sup>th</sup> .....9:00-noon

**Cost: \$125** Make checks payable to: *Avera Sports*

*Each athlete will receive Warwick Workout t-shirt*



**Shooting sessions** – Athletes will attend 1 of the 2 shooting session times. This helps to ensure we have the most productive shooting session and optimal teaching environment. Your shooting session time and group will be determined on the first day.

#### **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:

TJ Steele  
13220 Wilson Cemetery Rd  
Newell, SD 57760

For questions about the clinic please contact:

TJ Steele  
(605) 210-2310  
[tjsteele@gmail.com](mailto:tjsteele@gmail.com)

*Warwick Workout custom shorts will be available for purchase on the 2<sup>nd</sup> day of camp.*

For more information, visit our website at [WarwickWorkouts.com](http://WarwickWorkouts.com) or contact Shane Warwick @ (605) 391-6653 or [warwickworkouts@gmail.com](mailto:warwickworkouts@gmail.com)

## Newell Advanced Offensive Skills Camp Registration Form July 11 & 12, 2016

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

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

Session 1: 7th-12th Grade Boys/Girls (\$125) 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