

2011 HOOPS Registration Part 1

9/13 – 10/25 (5 PM to 6:45 PM) \$225.00
(2 in Family \$425.00)

9/15 - 10/27 (5 PM to 6:45 PM) \$225.00
(2 in Family \$425.00)

PLEASE PRINT:

Name: _____

Street: _____

Town/Zip: _____

Tel: _____

Grade entering Sept 2011: _____

Date of Birth: _____

Email: _____

Mothers Name: _____

Cell Phone: _____

Fathers Name: _____

Cell Phone: _____

Other Emergency contact:

Name: _____

Cell Phone: _____

Make Checks Payable:
POPS Basketball Academy
Mail: PO Box 1303 Marshfield, MA 02050

OR

Register on line at: www.popsbasketball.com

POPS BASKETBALL
PO Box 1303
Marshfield, MA 02050
Address Correction Required

**POPS Basketball
Academy
"HOOPS"
2011 CLINICS**

2 Sessions

**#1 Boys and Girls Grade 4, 5 & 6
Tues. 9/13 – 10/25 5:00 to 6:45**

**#2 Boys and Girls Grade 7, 8 & 9
Thurs. 9/15 – 10/27 5:00 to 6:45**

**Location: So. Shore Sports Center
55 Recreation Drive
Hingham, MA**



**GRADES 4 to 9
Boys and Girls**

**NEW LOCATION
South Shore Sports Center**

\$225.00 2 in Family \$425.00

****Grade Entering Sept 2011**

Director



Coach Paul Wholey

Framingham State University Men's Basketball Coach

Paul Wholey is entering his 2nd season at FSU after qualifying for the MASCAC playoffs in his 1st year.

Coach Wholey was inducted into the New England AAU Hall of Fame in 2011 and in 2009 was in the 1st class of inductees for the Hull High School Hall of Fame. Coach has 28 years of coaching experience on the collegiate and high school level. His high school teams have qualified for the MIAA tournament 14 times, undefeated in 96/97. Coach Wholey has guided 6 teams to Div I AAU National Championships, with 2 state Titles and 1 New England Title, as well as finishing 12th and 16th in the country.

As a player at the University of Maine – Orono he was selected 'All-New England', 'All Yankee Conference', and 'All Maine', as well as leading Div I in scoring in 1976. He is still Hull High's All Time leading scorer with 1410 Points.

Coach Wholey has been directing the "POPS" program for the past 19 years, running quality basketball programs for players of all ages and skill levels.

POPS offers Individual Lessons

Available to boys and girls of all ages. Designed to improve skills and teach players how to workout on their own.

By appointment – Contact Coach Wholey via email: nwholey@popsbasketball.com or phone: 781-837-6005

The "HOOPS" Program

Since 1992

This is a unique basketball experience. Drill stations emphasize fundamental skills taught by knowledgeable players and coaches. Good players must develop sound fundamentals at an early age.

This cannot be learned overnight or at a typical one week camp. Players learn through practice and repetition. "HOOPS" provides this during the weekly sessions, giving time in between to work on newly developing skills. A great head start to recreation, travel and high school seasons. Techniques and skills will be further emphasized in game situations.

Typical Session:

45 Minute Stations (see below)

10 min Team Practice

2nd Hour Competitive Games

Stations - (4 – 10 minute stations)

Supervised by high school coaches and players emphasizing the following:

- OFFENSIVE SKILLS – Pivot feet, Triple Threat, Square to Basket
- DEFENSIVE SKILLS – Defensive Stance, Footwork & Team Defenses
- POST PLAY – Pivot Moves
- BALL HANDLING – Dribbling, Fingertip Control, Head Up & Both Hands
- SHOOTING SKILLS – Balance, Elbow, Eyes, Follow Through (BEEF)
- REBOUNDING – Box Out and Keep ball high

POPS Basketball Academy

PO Box 1303

Marshfield, MA 02050

Phone: (781) 837-6005

Email: nwholey@popsbasketball.com

PLEASE PRINT:

I, hereby, waive, release and hold harmless South Shore Sports Center and POPS Basketball Academy directors, coaches, and organizers from any liability for injury, illness, problems or accidents that may occur to my child / guardian _____ while participating in this program. I am aware that basketball is a contact sport and an injury is a potential risk inherent to the game. I will not seek damages against Pops Basketball Academy, its members, volunteers, coaches, directors, or South Shore Sports Center if such accident or injury occurs. I also give permission for emergency medical treatment in the event I cannot be reached.
Parent Signature for waiver and emergency medical treatment:

Please list any medical conditions we should be aware of for:

Player Name; _____

Make Checks Payable: POPS Basketball Academy

Mail to:

P O Box 1303 Marshfield, MA 02050