



# HOOPS GROUP TRAINING PROGRAM

## July/August '19



**GLASS CITY ATHLETICS IS PROUD TO BE CELEBRATING 25 YEARS SERVING THE COMMUNITY!**

The Fury Hoops Group program is designed to teach players' skill development through a system that builds fundamentals from beginner to advanced. The Hoops Group Program is designed in similarity to the USA Youth Development Program. The focus will be on ball handling, shooting, man defense principles and footwork. There will be three levels: Bidy, Intermediate, and Junior. Bidy and Intermediate will be led by Coach Lamar Rice. Coach Rice is a Fury skills trainer and brings many years of experience to the game as a player and coach including playing internationally across five countries. The Junior Hoops Group will be led by Coach Shane Chamberlin. Coach Chamberlin brings 20+ years of experience of basketball to the Junior High players. He is a veteran coach with a wide range of knowledge.

**BIDDY: Boys and girls in grades K - 3rd as of Fall '19**

DATES/TIMES: Wednesdays: July 24, July 31, August 7 and August 14 from 4:30 - 5:30 p.m.  
COST: \$80.00 per player

**INTERMEDIATE: Boys and girls in grades 4th, 5th and 6th as of Fall '19**

DATES/TIMES: Tuesdays: July 23, July 30, August 6, August 13 and August 20 from 5:30 - 6:30 p.m.  
COST: \$95.00 per player

**JUNIOR: Boys and girls in grades 7th and 8th as of Fall '19**

DATES/TIMES: Wednesdays: July 24, July 31, August 7 and August 14 from 6:30 - 8 p.m.  
COST: \$95.00 per player

**LOCATION:** The Paragon: 1590 Albon Road Suite 12, Holland, OH 43528

**REGISTER:** Complete the paperwork below or pay online at [glasscityathletics.com](http://glasscityathletics.com).  
There will be no refunds issued. Registration closes Sunday, July 21, 6 p.m.

**For more information contact Dana Hooper:**

☎ 419-261-0067 ✉ [dahooper@roadrunner.com](mailto:dahooper@roadrunner.com) 🌐 [glasscityathletics.com](http://glasscityathletics.com) 🏠 The Paragon, Suite 12  
1590 Albon Rd Holland, OH 43528

### HOOPS GROUP- JULY/AUGUST '19 SIGN-UP FORM

Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade '19 - '20: \_\_\_\_\_ School: \_\_\_\_\_ Gender: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_

Amount Enclosed (please make checks payable to Glass City Athletics): \_\_\_\_\_



Please mail form and payment to:  
Glass City Athletics 1590 Albon Road Suite 12, Holland, Ohio 43528