



**MUSTANGS BASKETBALL  
PRESIDENTS DAY CLINIC  
Monday, February 20, 2023  
9:00am - Noon**



Registration begins at 8:30am at the Athletic Center on the campus of Milton Academy.

**OPEN TO BOYS & GIRLS  
GRADES 1-8**

**COST OF CLINIC:**  
\$50 the day of the clinic or online at  
[www.reddicksbasketball.com](http://www.reddicksbasketball.com)

**CLINIC DIRECTOR:** The Milton Academy Boy's Basketball Team will be hosting a one-day clinic for both boys and girls. The clinic will be directed by Lamar Reddicks, Head Basketball Coach, along with the Milton Academy Boys Basketball team.

**ABOUT THE CLINIC:** The Clinic is designed for boys and girls who want to learn a strong foundation of the fundamentals of basketball. It is designed to stress hard work and dedication within the framework of a team concept and focuses on the areas of shooting, passing, ball handling, defense, and rebounding. While the players always enjoy game competition, the greatest amount of time will be on instruction and skill development. We provide a healthy, safe and enjoyable atmosphere for all participants, staff and parents. We invite and welcome your participation.

**MORE INFO:** For more information about the clinic you may contact Lamar Reddicks at 617.898.2585 or email [boys\\_basketball@milton.edu](mailto:boys_basketball@milton.edu).

**TO SIGN UP:** This application is to be accompanied by check or money order. While pre-registration is not required, it is appreciated. Please make checks payable to Lamar Reddicks.

**Mail application and check to:**

Lamar Reddicks  
390 Randolph Avenue  
Milton, MA 02186

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address (Street, city, State, zip): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (Parents): \_\_\_\_\_ Phone: \_\_\_\_\_  
(# where you can be reached during clinic)

E-mail Address: \_\_\_\_\_

I hereby release Lamar Reddicks and Milton Academy from any and all liability for any injuries and illnesses incurred while at the clinic and confirm that my child is in good health and able to participate in a clinic of this type.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

