

2001 CHAMPS CLINIC



michigan high school
athletic association

Saturday, December 1 • Indoor Athletic Complex
Central Michigan University • Mt. Pleasant

The CHAMPS Clinic is a free clinic offered to junior high/middle school aged girls and their parents to develop game skills as well as life skills

- The clinic will run from 8:30 to 11 a.m
- Basketball skills clinic to be run by the Detroit Shock
- Entries will be limited to the first 80 students to register
- CHAMPS participants will also be guests at the Class D & A Championship Games of the MHSAA Girls Basketball Finals later that day
- Participants will be recognized during halftime of the Class D championship game



For more information, call the MHSAA at:
517 • 332 • 5046



SCHEDULE

8-8:30 a.m.	Check-In – Registration – Main lobby of Indoor Athletic Complex
8:30-8:35	Introductions
8:35-8:50	Warm-up led on main floor
8:50-10:50	PARTICIPANTS- Basketball drills on main floor, conducted by the staff of the Detroit Shock
8:50-10:30	PARENTS - “Your Daughter in Interscholastic / Intercollegiate Athletics” Topics include: • Sports Nutrition • Academic Eligibility Requirements • Parental Sportsmanship
10:50-11:15	Pick up lunch and eat in seating area
11:15	Class D championship game (in progress)

****At halftime of the Class D Championship (approximately 11:45 a.m.) participants will be recognized on main floor**

*****PARENT MUST BE PRESENT – Registration limited to first 80 students*****

Name _____ School _____

Address _____ Phone _____

Parent who will attend with athlete _____

Participant shirt size _____

* In consideration of our participation in the activities of the CHAMPS Basketball Clinic I hereby for myself, my spouse, and my child(s) release and forever discharge Central Michigan University Arena, the Detroit Shock, the MHSAA, and any affiliated employees from any and all claims, demands, actions, or cause of action on account of injury or death to myself or member of my family. It is agreed that all participation in the activities of CHAMPS is undertaken at my own risk and I represent that my child, spouse, and I are physically able to undertake any and all physical exercise and treatments provided.

Parents Signature _____ Date _____

Mail to:

Attn: Dr. James Hornak
Department of Physical Education and Sport
SAC 194, Central Michigan University
Mt. Pleasant, MI 48859