

# HIGHER LEARNING BASKETBALL ACADEMY

**MISSION:** *To improve players by teaching the fundamentals in a structured but fun environment. We want to help players make it to the next level whether it be travel team, AAU, JV, Varsity, or College.*

## DIRECTOR:

**Sean Casey** : Former Assistant Coach at Tufts University and Head Coach at Curry College.

## COACHING STAFF:

**Pucci Angel:** Former Freshman Coach and graduate of La Salle Academy. He played collegiately at Catholic University in Washington, DC.

**Kyle Van Rossum:** Head Coach for the Rhode Island Magic AAU program. Successful middle school Head Coach at Burrillville and Gallagher. Scored 1,500 points for Burrillville High School as an All Division performer.

## TEACHING POINTS:

### Offense

Proper shooting form, ball handling, passing, individual offense, reading and using screens, moving with out the ball, and more.

### Defense

Stance, proper box out technique, team defense, defending the ball, and more.

### Overall

Conditioning, improve quickness and agility, preparation for being a great player, and preparing for the summer league.

**WHERE:** Zuccolo Recreation Center  
18 Gesler Street  
June 4, 6, 11, 13, 18, 20  
6pm - 8:15pm

**WHO:** Boys\* - Grades 9-12  
\*players will separated by age and ability

**COST:** \$185 for all 6 sessions  
\$140 for 4 sessions

\*Register online\*  
[www.higherlearningbasketball.com](http://www.higherlearningbasketball.com)

## REGISTRATION:

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Parent email: \_\_\_\_\_

Parent phone: \_\_\_\_\_

Make checks payable to HL Sports LLC.

Mail to: HL Sports,  
1012 Anthony Road  
Portsmouth, RI 02871

Sean Casey 401-451-5807  
[sean@higherlearningbasketball.com](mailto:sean@higherlearningbasketball.com)

## WAIVER:

I waive and release HL Sports, LLC and anyone associated with the camp, clinic, or workout from any and all liability from injury, accidents, and medical or dental expenses incurred as a result of participation at the camp, clinic, or workout. I, as parent/guardian, have actual knowledge and appreciation of the particulars of the program, hereby voluntarily consent to said minor's participation and assume the risk arising there from. I hereby give my permission for emergency medical treatment in the event I cannot be reached.

Signature \_\_\_\_\_