



# Coon Rapids Boys Basketball

## Youth Summer '25 Skills Program

Players serious about developing their basketball skills are encouraged to attend our Youth Summer Skills program at Coon Rapids High School this summer.

**SKILL SESSIONS** will be run by Coach Ogorek and his High School coaching staff. Basic fundamentals of ball handling, footwork, shooting, and passing will be emphasized throughout the summer to help each player step up their game for the winter season.

**Who:** Boys Entering Grades 3-8.

**Dates:** June: 23, 24, 26    July: 7, 8, 10, 14, 16, 18, 21, 22, 24, 28, 29, 31

**Time:** 11:30 AM- 12:30 PM

**LOCATION:** CRHS Fieldhouse

**COST:** \$75

Additional Information can be found on our website at [www.protectthenest.net](http://www.protectthenest.net).

On-Line Registration (Venmo @CRHS\_Boys\_Basketball Can be Found Here:

[Boys Basketball Summer 25 Registration Page](#)

Updates will be posted on our Facebook Page and our Twitter Feed (@CRHS\_Basketball).

Questions? E-Mail Coach Ogorek at [michael.ogorek@ahschools.us](mailto:michael.ogorek@ahschools.us)

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*\*Please make checks payable to Coon Rapids Boys Basketball*

**Fill out registration and mail with check to, or turn in both in an envelope (addressed to CR Boys Basketball) to Ms.George in the activities office or in person at Skills:**

Coon Rapids Boys Basketball  
2340 Northdale Blvd NW  
Coon Rapids, MN 55433

Online registration (through Venmo payment) can be found on the link above or on our website:  
[www.protectthenest.net](http://www.protectthenest.net)

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**Player Name:** \_\_\_\_\_

**25-26 Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Parent/Guardian Waiver:** My son has permission to participate in the Skills & Strength program. I verify that my child is physically and medically fit to participate in this basketball program. I hereby authorize the Coon Rapids Basketball Camp staff to act according to their best judgment in any emergency situation and I waive and release the camp and District #11 from any liability for any injuries my son may sustain while at camp. The enrolled participant do for themselves, heirs, executives, and administrators waive and release any and all rights and claims for damages we may have against the Anoka-Hennepin ISD#11, or other district sites for any and all injuries suffered by me or my child while participating in and/or arising from the use of any facilities of the above mentioned school district.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_