

SUMMER BASKETBALL SESSIONS

Thank you for your interests in developing your young athlete's skillset in the game of basketball. He/She will be trained in the focused areas of: **dribbling, shooting, speed, rebounding, and mental toughness**. The goal is to encourage the athletes to play at a competitive level and to enhance their individual talent in order to propel their game to the next level.

Age groups will split the training sessions: 13-16 on Mondays (6-8 pm) and 8-12 on Thursdays (6-8pm). The sessions will take place at Restoration Praise Center on the following days:

- July 11th, July 14th
- July 18th, July 21st
- July 25th, July 28th
- August 1st, August 4th
- **August 8th, August 11th (Team week)**

On the last week of the sessions (team week), all of the athletes will be playing team basketball in the form of scrimmages. Depending on the total number of athletes the games will either be 3-on-3, 4-on-4, or 5-on-5. They will be able to utilize all of what they have been taught individually and use them in a collective manner on a team.

Each session will cost \$15. Please fill out the form below to identify if your young athlete will attend all of the sessions or some of the sessions. Payments must be cash only and should accompany this registration form. ***If you have more than one child participating please skip to the next section.***

Player's name _____ Age: _____

Parent's name _____

Contact Information: Cell phone: _____

Please check the appropriate box:

My young athlete will attend all sessions (5 sessions total)

My young athlete will attend ____ sessions (Identify the number of sessions in the blank provided)

The total that is due for my young athlete's participation is _____.

[For example: \$45, Athlete is only attending 3 sessions] ***Each session is \$15.***

MULTIPLE ATHLETES

If you have more than one child participating in the summer sessions, please provide the following information:

Player's name: _____ Age: _____

Player's name: _____ Age: _____

Player's name: _____ Age: _____

Player's name: _____ Age: _____

Parent's name: _____

Contact Information Cell phone: _____

Please check the appropriate box:

My young athletes will attend all sessions (5 sessions total)

My young athlete will attend ____ sessions (Identify the number of sessions in the blank provided)

I have _____ (number of) athletes attending the sessions.

The total that is due for my young athletes participation is _____.
[For example: \$150, My 2 athletes are attending all of the sessions] **Each session is \$15.**

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I/we hereby acknowledge that I/we are fully aware of the risks involved in exercising and participating in sporting activities. I/we further that I/we are under no obligation to take part in this activity.

By signing this agreement, I/we release Coach Adam D. Smith, and Restoration Praise Center where the training sessions will take place, from liability and responsibility whatsoever due to harm, accident, injury, or acute illness that may arise during the course of my participation in any and all basketball activities including traveling to and from the sessions.

By signing my name and dating this form, I/we hereby acknowledge that I/we have read the above statement and understand and agree with its contents and provisions.

Signature of Player

Date

Signature of Parent/Guardian

Date

Signature of Witness/Coach Adam

Date