



PLAYER REGISTRATION FORM

CORE SD2-TRAINING

Curriculum Includes:

ATHLETIC SKILLS

- Plyometrics
- Speed
- Coordination
- Balance
- Agility
- Reaction Time

FUNDAMENTALS

- Basketball IQ
- Ball Handling & Dribbling
- Passing & Receiving
- Shooting Drills - Various
- Perimeter / Post Moves
- Player-to-Player Techniques

MENTAL APPROACH

- Concentration
- Building Self-Confidence
- Developing Competitiveness

REGISTRATION DETAILS

Boys & Girls / Grades 3 – 8

Private: 4, 6 or 8 sessions • 60 min. \$25/per*

Group: 4, 6 or 8 sessions • 60 min. • \$20/per*

Team Training: 24 player max • 2 hr • \$150

*Non-recreation affiliate rate

PLAYER INFORMATION

Player Name _____ Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Primary Phone # _____ Email _____

D.O.B. _____ School _____ H.S. Graduation year _____

Select a Training Package: **INDIVIDUAL** **GROUP** **TEAM**

I _____ the undersign, submit that my son/daughter is physically fit and able to
(Print parent/guardian's full name)

participate in strenuous activity and for myself, my spouse, my son/daughter, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY HOLD HARMLESS, FULLY INDEMNIFY AND RELEASE Basketball University Sports & Events LLC from any and all liabilities, claims, damages, costs, including attorney fees and cause of action which may arise from any claim or cause of action made by me, through me, or on my behalf incident to my involvement or participation in this program or event EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AGREE TO ABIDE BY THEM, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I hereby authorize the event personnel and/or directors to act on my behalf in the event of a medical emergency. I understand I am solely responsible for all medical expenses incurred and agree to provide proof of medical and/or accident insurance upon request.

Parent signature/Date