



Personalized Basketball Training

Our program is centered on **Small Group Instruction** of how to play basketball and how to improve overall abilities in a personalized setting.

Players will develop and improve in the following areas:

- **Footwork & Pivoting**
- **Changing Directions**
- **Body & Ball Control**
- **Acceleration/Deceleration**
- **Balance & Coordination**
- **Flexibility & Injury Prevention**

- **Ball handling & Strong Passing**
- **Explosive First Step & Strong Finishes**
- **Shooting Technique & Mechanics**
- **Triple Threat & Effective Positioning**
- **Mental Toughness & Space Ownership**
- **Vision & Effective Decision Making**

Elite Training

Our training will consist of various stations on the fundamental skills of basketball. Unique area's such as Decision Making, Spacing, Timing and Court Awareness will be the main focus along with basics such as Ball Handling, Passing and Shooting. Groups will be of same skill level/age range in order to personalize work outs accordingly. (4:1 Player-to-Coach Ratio).

Players will be able to use several training aids including the most effective in the market, 94Fifty Smart Sensor Basketball, in order to precisely refine Ball Handling, Passing and Shooting Skills.

Location is at:

Greater Miami Academy Gym (500 NW 122nd Ave. Miami, FL 33182)

Registration Form

Participant Name: _____ Age/D.O.B _____
Address: _____ City/Zip: _____
School _____
Parent/Guardian: _____ Home # _____
Cell #: _____ Email: _____
Parent/Guardian 2: _____ Home # _____
Cell #: _____ Email: _____

Basketball Skill Level: Beginner Recreational School Team Travel Team

Shirt Size: Small Medium Large XL

HEALTH & GENERAL HISTORY

If participant should be restricted from any activity please note here:

If participant will be taking medication during camp, please indicate what drug and dosage here:

Please identify any medical condition or medical history necessary (physical, behavior, emotional)

Training Start Times/Fee's

Sessions will be Monday's and Wednesday's of every week:

Session I
(6:30pm – 7:30pm)

Session II
(7:30pm – 8:30pm)

One Day per Week:
\$140/month
(4 Classes)

Two Days per Week:
\$200/month
(8 Classes)

Please make checks payable to Miami Player Development or contact Michael Gamez at 305-970-7723 or Ernesto Diaz at 786-543-9083 for payment options.

Release of Liability Waiver Form

I, the undersigned parent or guardian of the individual named below, a minor, do hereby agree to allow the individual named herein to participate in the basketball and other activities stated on registration form authorized by Miami Player Development, Michael Gamez, Ernesto Diaz and their agents (employee's, directors, volunteers, sponsors).

I understand that participation in Miami Player Development activities, including but not limited to basketball and other activities listed on registration form, involves risks' and dangers of serious and permanent injuries and accidents including disability, death, and the loss of or damaged property. I, the undersigned parent or guardian of the individual named below, assume all risks' and hereby release, hold harmless, discharge, and agree not to sue Greater Miami Adventist Academy, Miami Player Development, Michael Gamez, Ernesto Diaz and their agents for all liability, loss, damage, cost, or expense which may occur from participation in these and any other related activities authorized by Michael Gamez, Ernesto Diaz and Miami Player Development. I certify that the participant named below is in good health and physically able to participate in said activities, but if an injury occurs, I authorize Miami Player Development, Michael Gamez, Ernesto Diaz, and their agents to take all proper action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an extreme emergency, I authorize the emergency personnel to take proper action.

I also understand Miami Player Development, Michael Gamez, Ernesto Diaz and their agents retain the right to use photographs and video taken of the participant for publicity and advertising. In the absence of a parent/guardian signature below, payment of fee's and participation in the program shall constitute acceptance of the conditions set forth in the release.

Participant's name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____