



## Summer Basketball Training Camp Details

Summer Camp is open to all boys and girls ages 8 – 16 and will be held at the **Greater Miami Academy School** facilities (Indoor Gym, Outdoor Courts, Weight Room and Classrooms, located at **500 NW 122<sup>nd</sup> Avenue Miami, FL 33182**)

Our curriculum is centered on small group instruction of how to play basketball and how to improve overall abilities through the following:

### Elite Training

Each day campers will experience 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. In addition to skill training, a fun and competitive strength and conditioning session will be part of everyday activities. Groups will be small to ensure that each camper gets maximum instruction. (Less than 10:1 Player-to-Coach Ratio).

### Skill Breakdown

Campers will be able to use the most effective training aid, 94Fifty Smart Sensor Basketball, in order to precisely refine both Ball Handling and Shooting skills. Video Review of each camper's mechanics and technique will be analyzed to accelerate development.

### Games and Competition

Campers will participate in daily Games and Skill Challenges during the Camp Week. Each camper will be placed on a team according to his or her skill level. Complimentary sports games will be incorporated to balance activities.

## Summer Basketball Training Camp Schedule

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|--|---|---|---|
| <input type="checkbox"/> Wk 1: June 8-12 | <input type="checkbox"/> Wk 2: June 15-19 | <input type="checkbox"/> Wk 3: June 22-26 | <input type="checkbox"/> Wk 4: June 29 - July 3 |
| <input type="checkbox"/> Wk 5: July 6-10 | <input type="checkbox"/> Wk 6: July 13-17 | <input type="checkbox"/> Wk 7: July 20-24 | <input type="checkbox"/> Wk 8: July 27-31       |

# 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:

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

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

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## Camp Start Times/Fee's

Full Day: \$185  
(8:30am – 4:30pm)

Half Day: \$145  
(8:30am – 12:00pm)

### Multi-Week Packages:

Full Day:  
Two Week:  \$175/week  
Four Week:  \$160/week

Half Day:  
 \$135/week  
 \$130/week

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: \_\_\_\_\_