

Competitive Edge Basketball Training

PLAYER DEVELOPMENT SUMMER CAMP

Register online @ www.competitiveedgebasketball.org
585-233-4004

Josh Harter – Program Director

SESSION I

MT. MORRIS CENTRAL SCHOOL
June 28th-July 1st (4 DAY CAMP)
COST \$135
(Price increases to \$150 after 6/14)

SESSION II

SPENCERPORT CENTRAL SCHOOL
JULY 12th -JULY 15TH (4 DAY CAMP)
COST \$135
(Price increases \$150 after June 29th)

SESSION I & 2 COMBO

COST: \$230

CAMP TIMES:

Grades 3th-6th 9:00-11:30
Grades 7th-12th 12:00-2:30

CAMP OUTLINE:

Our player development camp is a hybrid of intense basketball training combined with your traditional summer basketball camp competitions, skills and drills. The camp is an extremely intense, instructional-based program. If you are looking for a “roll out the ball program,” this is not for you!

SKILL DEVELOPMENT:

Shooting mechanics, catch and shoot, shooting off the bounce, properly utilizing screens, curls cuts, v cuts, one on one series, individual and team shooting drills, finishing with contact, dynamic hurdle/ladder agility series, shooting and attacking the rim in transition, attacking the 2nd defender etc. Defense progressions, king drill dribble series, 2 ball resistance ball handling.

COMPETITIONS:

1 on 1, 2 on 2, 3 on 3, Hot Shot Championships

Please Make Checks Payable to:

Competitive Edge Basketball Training
104 East Main Street
Avon NY 14414
PAY VENM0: @Joshharterceb

COMPETITIVE EDGE BASKETBALL TRAINING REGISTRATION FORM

PARTICIPANT'S NAME: _____ AGE: ___ Grade ___ D.O.B ___/___/___

ADDRESS _____ CITY _____ ZIP _____

PARENT/GURADIAN NAME _____

Shirt Size (circle) Youth Med Youth Large Adult Small Adult Med. Adult Large Adult XL

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT (IF PARENTS ARE NOT AVAILABLE)

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

NAME: _____ RELATIONSHIP _____

HEALTH INSURANCE COMPANY _____

POLICY NUMBER _____

PRIMARY CARE PHYSICIAN: _____

ANY ALLERGIES OR SPECIAL NEEDS/HEALTH CONCERNS: _____

ANY MEDICATIONS: _____

PLEASE CHECK Program:

Session I Mt. Morris \$135 _____

Session II Spencerport \$135 _____

Session 1 & 2 \$230 _____

RELEASE STATEMENT:

I release Josh Harter and Competitive Edge Basketball Training Program of all liability including injury, death or other damages to me or my child, family, that may result from his/her participation in the program, including but not limited to transportation and hold harmless any of Competitive Edge Training participants, program staff, or other representative, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

Parent Signature _____

COMPETITIVE EDGE: MEDIA RELEASE

I give permission for Josh Harter and Competitive Edge Basketball Training to make use of pictures of my son/daughter for informational/advertising purposes only. I hereby release Josh Harter and Competitive Edge Basketball Training and all of its affiliated entities, including employees, volunteers and sponsors for any liability for any damages suffered as a result of or relating to the use of any photographs, slide, audiotape, or videotape of my child done in accordance with the forgoing.

Parent Signature _____

Date: _____

