



## Hoop Dreams Summer Shooting Academy 2010

Hoop Dreams Basketball is excited to announce another great opportunity. **The 5th Annual HOOP DREAMS SUMMER BASKETBALL ACADEMY!** The Academy's focus will be related to shooting and scrimmaging, taught over a five week time-frame to insure greater development. **This session is for 6<sup>th</sup> through 9<sup>th</sup> Grade Boys and Girls who are Hoop Dreams players or special invite ONLY.** See you on July 7th!!!

**ENROLLMENT LIMITED TO 80**

LOCATION: Homecourt YMCA

DATE: July 7, 12, 14, 19, 21, 26, 28, August 2, 4, 9 (Mondays & Wednesdays)

TIME: 6:00pm-8:00pm

COST: \$200

GRADE: **6<sup>th</sup> – 9<sup>th</sup> Grade Boys & Girls**

TEACHING EMPHASIS: **SHOOTING** **20 Total Camp Hours**

**-Shooting with the Gun:** Each group will have several opportunities to shoot on the gun to increase range, reach and their shooting proficiency.

**-Off the Pass:** Fastbreak, using screens, relocating, baseline drift, flash cuts, draw & kick

**-Off the Bounce:** Fastbreak, quick pulls, on ball screens, floaters, step-backs, pull-backs, breakdown & pull, pro hops, quick pulls, & short of help

**-Screen & Create Shots:** Backpick & shape, slip screen & snap, pick & pop, flex & shape, up & close, cross & close

**-Fake & Pull:** Foot, pass, shot, combo

**-Scrimmage/Fast Break Games:** Transfer Drills to Live Games/Phoenix Suns Tempo

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Name: \_\_\_\_\_ Sex: M F Grade \_\_\_\_\_ T-Shirt Size (Adult) S M L XL

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Parents Name \_\_\_\_\_ Wk Phone \_\_\_\_\_

**FULL TUITION REQUIRED TO CONFIRM CAMP ENROLLMENT**

In the event of a Cancellation a \$50.00 fee will be withheld. Any questions, please contact Roberto Bergersen @ 761-8832.

Parent Release: I hereby certify my child is in normal health and capable of participating safely in the Hoop Dreams Basketball Camp. I fully understand the inherent risks associated with participation in the sport my child will be participating in. I also grant the Hoop Dreams Staff to administer any necessary aid in the absence of a parent or legal guardian in the event of an accident.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail form to:**

*Hoop Dreams  
PO Box 190801  
Boise, ID 83719*