



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 three week time-frame to insure greater development. **This session is open registration for all 6th through 9th grade Boys and Girls.** You do NOT need to be a Hoop Dreams player to register. See you on June 9th!

ENROLLMENT LIMITED TO 80

LOCATION: Homecourt YMCA

DATE: June 9, 14, 16, 21, 23, 28 (Mondays & Wednesdays)

TIME: 6:00pm-7:30pm

COST: \$200

GRADE: **6th – 9th Grade Boys & Girls**

TEACHING EMPHASIS: **SHOOTING** **9 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*