

2010 Basketball Preseason Performance Camp



Our *Basketball Performance Program* is The Top “**Basketball Specific**” **Speed, Agility, & Conditioning** Program in the DC Metropolitan Area! Each workout incorporates a variety of movements designed to improve **Balance, Flexibility, First Step Quickness, Agility, Acceleration for Break Away Speed, and Basketball Specific Conditioning** designed to help you **Dominate the 4th Quarter!** Our staff of professional performance coaches will implement a training program that utilizes the safest, most comprehensive methods available. This camp is ideal for any middle school or high school basketball player who is looking to prepare for their up coming season and get that “**Edge**” over their competition. We guarantee you will report to Camp **Prepared!**

What: 6 weeks of **Basketball Specific - Speed, Agility and Conditioning** training implemented by Degreed and Certified Performance Coaches!

Who: Middle School/High School Basketball Athletes

Where: Next Level Performance Center

5420 Butler Rd. Bethesda, MD 20816

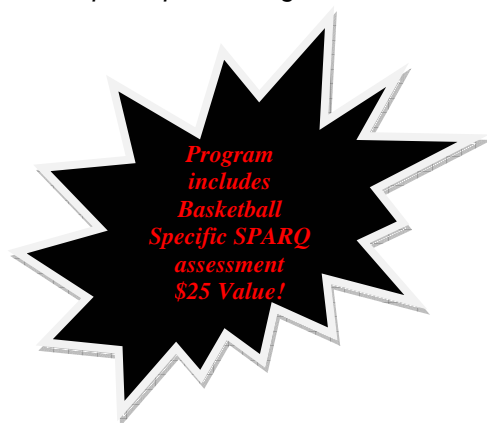


When: Mondays (4:00-5:00pm) and **Wednesdays** (4:00-5:00pm).
Starting: September 8th – October 18th (12 Sessions)

Cost: \$299 - 6 week camp (25 per Session)
\$30 Drop in Fee



Please have participants bring Basketball shoes as well as their own water.



Please bring registration information and payment to your first workout.

Please make all checks payable to **E.A.T.S.**

SUPERIOR TRAINING... DOMINATING PERFORMANCE!

240-498-9647 or 301-775-3168 www.EliteAthleteTraining.com

2010 Basketball Preseason Performance Camp Registration

Athlete's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Years of Experience: _____ Position: _____

Parents' name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Insurance Co: _____ Policy #: _____

BASKETBALL PRESEASON CONDITIONING CAMP:

6 Week Camp (\$299)

*** No carryover of sessions after the program ends*

Payment Method:

Check Please make checks payable to: **E.A.T.S.**

Credit Card _____

Card Number: _____ **Exp:** _____

Name on Card: _____ **Zip Code:** _____

Waiver: I hereby give my consent to *E.A.T.S., The Next Level Athletic Performance Center* to provide reasonable and customary emergency medical services if necessary in the course of my participation. I am fully aware of the hazards and risks associated with my participation in athletic training. I further agree on behalf of myself, my heirs and personal representatives to release, discharge and waive any and all claims against *E.A.T.S., The Next Level Athletic Performance Center, United Sports Management, LLC*, their officers, directors, coaches, trainers, employees, agents and volunteers from all claims or liabilities of any kind arising out of my participation in athletic training or activities.

Parent/Guardian Signature

Date