

HOUSTON ROCKETS MINI DRIBBLERS

Powered by The National Basketball Academy



Sundays, January 26-March 1, 2020 · 1:30 - 3:00 PM
Boys and Girls, grades K-4

Imperial Park Rec Center, 234 Matlage Way, Sugar Land, TX, 77478

Cost: \$125

Registration includes: t-shirt, basketball, and a ticket to a future Rockets home game!*

*A limited number of additional tickets will be available to purchase so family and/or friends can attend the game with your child.

The Houston Rockets Mini Dribblers program is an excellent way to introduce our young, future basketball players to the fundamentals of dribbling and working alongside others. Each participant will join in four, one hour and fifteen minute sessions teaching and improving ball handling. We instruct the players a dribbling choreographed routine to be performed ON THE MAIN FLOOR before a Rockets home game (TBD)!!! After the performance, our young athletes will be able to stay and enjoy the game along side friends and family.

Sample clinic agenda:

- Introduction of Coaches and Program
 - Six Station Groups
 - a. Ballhandling – Stationary, Strong and Weak Hand, Core Moves, Races
 - b. Passing – Chest and Bounce, Partner Passing, Pass and Catch Competitions
 - c. Shooting – Form Shooting, Team Shooting Games, Hot Shot
 - WATER BREAK -----
 - d. Defense – Stance Drill, Closeouts, Coach Says Drill
 - e. Dribble Tag – Fun game that helps us dribble vs pressure
 - f. Team Competition Station – Varies each week but the focus here is on team work.
 - Mass Stance Drill - Clinic Drill
 - Commands: Stance, Push Slide, Closeout, Loose Ball, Boxout, Charge
 - Game Situations: 2-on-2, 3-on-3, 5-on-5
- Note: We will build up to this in most clinics. Not all groups will play games.

For more information contact:

Eric Love · elove@thebasketballacademy.com · 832-392-0749
Alex Richman · arichman@thebasketballacademy.com · 321-243-5281

REGISTER TODAY!!

www.TNBABasketball.com/Rockets

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www.TNBABasketball.com/Rockets to register online / Call 216.378.0932 for more information.

REGISTRATION FORM

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PRE-REGISTER ONLINE OR BY MAIL.

OR BRING THIS COUPON PLUS PAYMENT TO THE EVENT (SUBJECT TO ROOM AND AVAILABILITY)

Please complete this registration form, including parent or guardian signature, and send to:

The National Basketball Academy, 34650 Melinz Parkway, Eastlake, OH 44095

Make all checks payable to: The National Basketball Academy

ALL SALES ARE FINAL. NO REFUNDS OR EXCHANGES WILL BE ISSUED.



*Please note all credit cards will be subject to an additional service charge of 5% of the total dollar transaction.

Child's Name _____ Gender: M / F

Parent or Guardian Name _____ Child T-shirt Size: YM / YL / AS / AM / AL / AXL / AXXL

Address _____

City/State/Zip _____

Home Phone _____ Parent's Work Phone _____

Parent's Cell Phone _____ Child D.O.B. (MM/DD/YY) _____ Grade _____

E-mail _____

Credit Card # _____ Exp. Date _____ 3-Digit Security# (on back of card) _____

The SIGNER grants permissions to The National Basketball Academy, the Houston Rockets, the NBA (and its designees and agents) to use the Signer's child's image, likeness, actions, and statements in any live or recorded audio, video, or photographic display or other transmission, exhibition, publication or reproduction made of or at the Event in any medium or content without further authorization or compensation.

Amt. charged to card \$ _____

We, the undersigned, do hereby consent to our child's participation in the Houston Rockets event. Our child is in good health and can participate in all activities. Therefore, in consideration for the services to be performed by the National Basketball Academy and the Houston Rockets, I/we do further release their agents and employees and any others associated with the event from any and all claim or liability to us or our child for any damages or injuries which may be sustained by our child in connection with the Houston Rockets event.

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by: _____ (preferred physician and phone) or by another licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Parent or Guardian Signature _____

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