

# FULL PACKAGE ATHLETICS

## WINTER BREAK

### SHOOTING & INSTRUCTIONAL OPEN GYM @ MIDTOWN ATHLETIC CLUB

- Full Package's **Winter Break Shooting & Instructional Open Gym** will give players of all ages and ability levels an opportunity to sharpen their game during winter break. The sessions will begin with skill work, which includes shooting and intense ball-handling. The latter half of the open gym training sessions will include game-play development and offensive and defensive strategies, designed to meet the needs of the player.
- The Instructional Open Gym will be held from 12/21-12/23 and 12/28-12/30 from 12:00pm-6:00pm each day. The program will be offered in packages of 4, 8, 12 or unlimited hours.
- Intense one and two-ball handling workouts
- Shooting– off the catch, off the dribble, off combination moves and off screens
- Attacking the basket/playing through contact
- Attacking angles and reading defenses
- Defending on and off the ball
- Program open to 4th-12th grade boys and girls (will be separated by gender and skill level)
- **All sessions will be run by Steve Pratt or Billy Welcome at Midtown Athletic Club (2211 Waukegan Rd, Deerfield, IL)**
- **Please call the Full Package Athletics office at 847-205-9966 or visit [www.fullpackagesports.com](http://www.fullpackagesports.com) for more information**
- **Please circle your package: 4 hrs - \$120 / 8 hrs - \$200 / 12 hrs - \$240 / Unlimited - \$300**

CAMPER'S NAME \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_

EMAIL : \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Allergies/Medications/Health Concerns, Etc.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I hereby authorize Full Package Athletics and Midtown Athletic Club to act for me in judgment in any emergency requiring medical attention. I hereby waive, release and indemnify Full Package Athletics and Midtown Athletic Club of all legal responsibilities in the event of injury to my child. I know of no mental or physical problems, which might affect my child's ability to safely participate in this camp(s). I will be responsible for any medical charges in connection with his/her attendance of the camp, before, during or while leaving any program. Please list any health or medical problems of registrant.

**\*WAIVER SIGNATURE (must be signed to participate)** \_\_\_\_\_

> Please make checks payable to Full Package Boys Basketball, 600 Waukegan Rd, Suite A/Unit 5; Northbrook, IL 60062

#### CREDIT CARD

PLEASE CIRCLE CREDIT CARD TYPE: VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER

NAME ON CARD: \_\_\_\_\_ CREDIT CARD # \_\_\_\_\_ EXPIRATION: \_\_\_\_\_