

# TNBA Ohio Summer Basketball Camp

Powered by The National Basketball Academy

St. Anselm School  
13013 Chillicothe Road  
Chesterland, OH 44026

**Camp #1: May 29-June 1, 2018**  
Session 1: Grades 2-5 · 9:00am-12:00pm  
Session 2: Grades 6-8 · 12:30pm-3:30pm

**Camp #2: July 30-August 2, 2018**  
Session 1: Grades 2-5 · 9:00am-12:00pm  
Session 2: Grades 6-8 · 12:30pm-3:30pm

**Cost: \$105 per session**

**Includes:**

- TNBA camp t-shirt
- TNBA water bottle
- TNBA folder & skills assessment
- Video analysis of the camper's shot



## **Camp Objectives:**

To instruct players on the essential offensive fundamentals of the game of basketball and encourage players to reach their potential.

## **Camp Emphasis:**

- Ball handling
- Footwork/Pivoting
- Passing Skills
- Shooting
- Overall Offense
- Hard work, goals, dedication

## **Camp Features:**

- Professional Fundamental Instruction
- Daily Contests and Prizes
- Team Games
- An Awesome Basketball Experience

**LIMITED SPOTS AVAILABLE... REGISTER TODAY!**  
[www.TNBABasketball.com/TNBAOhio](http://www.TNBABasketball.com/TNBAOhio)

For more information contact:

Shane Kline-Ruminski • [shane@thebasketballacademy.com](mailto:shane@thebasketballacademy.com) • 440-725-6449

USA BASKETBALL DOES NOT IN ANY WAY CONTROL OR OPERATE THE ACTIVITIES OF ANY USA BASKETBALL YOUTH ORGANIZATION, TEAM OR LEAGUE.

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## REGISTRATION FORM

### TNBA Ohio Summer Basketball Camp

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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 4% of the total dollar transaction.

Child's Name \_\_\_\_\_  
 Parent or Guardian Name \_\_\_\_\_  
 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) \_\_\_\_\_

EST. 2002

Amt. charged to card \$ \_\_\_\_\_

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

We, the undersigned, do hereby consent to our child's participation in The National Basketball Academy 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, I/we do further release their agents and employees and any others associated with the camps 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 National Basketball Academy event.

Parent or Guardian Signature \_\_\_\_\_

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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