



the National Basketball Academy

# The National Basketball Academy Presents

## 2010 Fall Drills, Skills, and Play Basketball Clinic (Beachwood) October 7<sup>th</sup> - November 18<sup>th</sup>

**Who:** Boys 1<sup>st</sup> -3<sup>rd</sup> Grade

**What:** Basketball Skills Clinic

**When:** **Thursday, October 7<sup>th</sup> 6:00-7:30pm** – Player Evaluation  
Everyone attends. Afterwards, players are placed on teams and the schedule distributed.  
**Thursdays, October 14<sup>th</sup> through November 18<sup>th</sup>, 6:00pm or 7:00pm**

**Where:** Mandel Jewish Community Center, 26001 South Woodland Road, Beachwood, OH 44122

**Why:** To give youthful players the opportunity to learn new basketball skills and how to implement the new skills in a game environment. All skill levels are accepted, players will be separated by age and skill level where possible.

Drills and skills are done during the first half hour of the clinic. We then play 5-on-5 games for second half hour. Score is not kept as this is learning clinic.

**Cost per player: \$135 JCC Member, \$145 Non-member**  
**(includes tNBA jersey)**  
**Maximum of 60 players, so register soon.**

**Register online at [www.thebasketballacademy.com](http://www.thebasketballacademy.com)**  
**Or mail check or credit card information to: the National Basketball Academy,**  
**23400 Mercantile Rd., Suite 4, Beachwood, OH 44122.**

<b>2010 Fall Drills, Skills, and Play Clinic (Beachwood)</b>			
PARTICIPANT NAME			
AGE OF PLAYER	GRADE	T-SHIRT SIZE adult or youth: S M L XL XXL (circle one)	
PARENT/GUARDIAN			
ADDRESS			
CITY	STATE	ZIP	CELL PHONE ( )
DAY PHONE ( )	EMAIL(required)		
EMERGENCY CONTACT		EMERGENCY PHONE ( )	
<input type="checkbox"/> CHECK/MONEY ORDER PAYABLE TO: <b>THE NATIONAL BASKETBALL ACADEMY</b>			
<input type="checkbox"/> CREDIT CARD #		EXP DATE (MM/DD)	3 DIGIT SECURITY #
<b>CREDIT &amp; DEBIT CARDS SUBJECT TO A 3% SERVICE CHARGE</b>			
I hereby authorize the staff of The National Basketball Academy camp or the facility to act for me in their best judgment in an emergency requiring medical attention. I here by waive and release the camp or any person connected with the camp from any liability for any injuries or accidents incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp.			
<b>PARENT/GUARDIAN SIGNATURE</b>			

**Questions? Call tNBA at 216.378.0932**