

FALL 2010



THE NATIONAL BASKETBALL ACADEMY  
**HOUSTON ROCKETS**  
CAMPS • CLINICS • LEAGUES • TRAINING

Register early to guarantee a spot!!

## 2010 Houston Rockets Fall Hoop Zone Clinic

This is a 6 week long instructional basketball clinic designed to help 6th - 9th graders learn and develop different basketball skills. Sessions are one day per week, 2 hours in length. The focus is on basketball fundamentals: shooting mechanics, ball handling, defensive and offensive movements, passing and basketball fitness. We practice the new skills in 5-on-5, 3-on-3, 2-on-2, and 1-on-1 game situations. Come work with tNBA professional coaches to help improve skill level and prepare for upcoming leagues and school seasons.



Rockets players are not expected to appear.

### Jewish Community Center (JCC)

5601 S. Braeswood  
Houston, TX 77096

Sundays September 26 - October 31

Boys and Girls Grades 6th-9th

12:30 pm to 2:30 pm



Rockets players are not expected to appear.

Cost: \$125 Members, \$145 Non-members

Each participant will receive a Rockets t-shirt and game ticket!

Develop into the player you want to be!

## 2010 HOUSTON ROCKETS FALL HOOP ZONE CLINIC

[www.thebasketballacademy.com](http://www.thebasketballacademy.com) to register online / Call 832.392.0749 for more information.

Develop into the player you want to be!

Rockets Hoop Zone Clinic (please check box)

### Rockets Fall Hoop Zone Clinic Boys and Girls grades 6th-9th

- September 26,  
October 3, 10, 17, 24, 31

Cost: \$125 Members, \$145 Non Members

Jewish Community Center (JCC)  
5601 S. Braeswood  
Houston, TX 77096

\*Rockets t-shirt and ticket will be provided to each participant\*

Please complete this registration form, including parent or guardian signature, and send to: The National Basketball Academy, 23400 Mercantile Rd. Suite 5, Beachwood, OH 44122

Make all checks payable to: The National Basketball Academy

Upon payment received by The National Basketball Academy, all sales are final. No Refund or Exchange will be issued.



\*Please note all credit cards will be subject to an additional service charge of 3% of the total dollar transaction.

Camper's Name \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_ Age of Camper \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade \_\_\_\_\_

E-mail \_\_\_\_\_ T-Shirt Size  YS  YM  YL  S  M  L  XL  XXL

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

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

The SIGNER grants permission to The National Basketball Academy, the Houston Rockets, the NBA (and its designees and agents) to utilize 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 context without further authorization or compensation.

We, the undersigned, do hereby consent to our child's participation in the Houston Rockets camp. 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 clinic 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 camps.

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 \_\_\_\_\_

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