

**GIRLS!**

# TOP GUN BASKETBALL

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**“Comprehensive Player Development for the ‘TOP GUN’ Athlete”**

*Training from an exceptional basketball coach, top performance training specialists, and a registered dietitian –*

**Skill Training**

(On the court)

**Performance Training**

(In weight room & on track)

**Performance Nutrition**

(In the classroom)

**TOTAL TRAINING AT ONE ALL-INCLUSIVE CLINIC!**

**Chalk Talk**

(On the court strategy)



**Combine Testing**

(On court & in weight room)



**Recruiting Process**

(How to be prepared)

**When:**

**August 6, 7 & 8**

**Grades:**

9th - 12th ( Only 12 taken )

6th - 8th ( Only 12 taken )

**Where:**

HammerBodies Custom Fitness Clinic

2121 Hammer Drive

Maryland Heights, MO 63146

*(all skills, performance training and nutrition take place inside 21,000 sq. foot facility)*

**Cost:**

\$450 per athlete ( 50% deposit due upon registration)

**Registration:** Phone (800) 321-0711 or (314) 567-3797

**Limited to 24 players for maximum training, performance & skill development; **Divided into 4 training groups****



**HammerBodies Custom Fitness Clinic**

**Phone (800) 321-0711 or  
(314) 567-3797 to register!**

**www.hammerbodies.com**



More Shooting ...  
 More Speed/Strength Training ...  
 More Technical Training ...  
 More Nutrition ...  
**MORE PERFORMANCE!**

Please complete and return the application below and enclose your personal check or money order, made payable to:

**HammerBodies Custom Fitness  
 2121 Hammer Drive  
 Maryland Heights, MO 63146**

**Or phone us directly at:  
 (314) 567-3797 or (800) 321-0711**

*\*All workshop fees are non-refundable.*

**Comprehensive Training Schedule**

**Friday, August 6 (5:00pm – 9:30pm)**

5:00pm - Registration  
 Weekend Game Planning;  
 Divide into training groups of 4  
 7:00pm – 9:30pm NBA Combine Testing

**Saturday, August 7**

7:30am – Warm up  
 8:00am – Skill Mechanics (On Court)  
 10:00am – Break (Nutrition Bar Provided)  
 10:30am - **4 Station Rotation**  
 1) Speed /Jump Training 2) Nutrition  
 3) Strength Conditioning 4) Chalk Talk  
 1:30pm - Lunch (provided)  
 2:30pm - **4 Station Rotation (see above)**  
 5:30pm - Flexibility Training & Recovery  
 6:00pm - DINNER (on your own)

**Sunday, August 8**

7:30am -Warm Up  
 8:00am – Skill Mechanics (On Court)  
 10:00am – Break (Nutrition Bar Provided)  
 10:30am - **4 Station Rotation (see above)**  
 1:30pm - Lunch (provided)  
 2:30pm - Top Gun Skills Competition  
 4:30pm - Closing Remarks -- Awards



Name: \_\_\_\_\_ Grade \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Age: \_\_\_\_ Clinic Date Attending: \_\_\_\_\_  
 Parent Name(s): \_\_\_\_\_  
 Parent Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Parent E-mail: \_\_\_\_\_  
 Attendee E-mail: \_\_\_\_\_

I hereby request that my son, daughter or ward be permitted to attend the Top Gun Basketball Clinic. I authorize the staff to act for me according to their best judgment in an emergency. I will hold harmless and release the staff, the camp, HammerBodies Custom Fitness & HSP, and 8AP, LLC from any and all liabilities or responsibilities related to injuries or the death of my son, daughter or ward. I understand that my insurance coverage is primary and any coverage provided by the camp will be specifically on an excess basis only. Additionally, I understand that images/photos of my son/daughter may be taken at the Speed Clinic and release/allow such photos to be used for future Blue Chip, HammerBodies, or 8AP, LLC materials.

Primary Insurance Carrier: \_\_\_\_\_  
 Insurance Policy Number: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_  
 Applicant Signature (if 18 or over): \_\_\_\_\_  
 Date: \_\_\_\_\_