



## Community Strong Basketball Training Registration Form

Welcome to Community Strong Basketball Training. My name is Malek Barber, founder and primary trainer of Community Strong Basketball Training. The reasoning behind me starting this program is because

growing up in North Port has taught me a lot about community and the importance of giving back. The first time I started playing basketball was in NPYB and because of people investing their time in me back then, I am now able to get a degree for free by playing college basketball. So I want to be able to do the same for kids in the North Port area by investing my time in them so they can reach their full potential and perform to the best of their abilities no matter what level they pursue to play. Also being a NPHS graduate I want to help produce great athletes that can help shine some light on the small city of North Port that not many people know about. Our training philosophy will consist of learning through repetition and hard work. Our target range will extend from kids in 6<sup>th</sup> grade to 12<sup>th</sup> grade. Our training will focus on taking players individual skills to the next level. There will be an emphasis on ball-handling, shooting, footwork, improving fundamentals and all other areas of the individual's skill-set. Our trainers are either current or former college basketball player's and are very good at what they do.

Each athlete will have an hour long training session every day, Monday-Friday for the duration of the plan they choose. If you're ready to take your game to the next level, then Community Strong Basketball Training is for you. Trainers will be some of the top basketball players that grew up locally in North Port, and have went on to play at the collegiate level.

## Community Strong Basketball Registration Form

Please complete all questions. Please PRINT legibly.

### 1. GENERAL INFORMATION

STUDENT-ATHLETE NAME (Last, First, and Middle Initial)			GENDER <input type="checkbox"/> F <input type="checkbox"/> M		DATE OF BIRTH	GRADE (6 <sup>th</sup> -12 <sup>th</sup> )
PARENT / GUARDIAN NAME (Last, First, and Middle Initial)					Player Position	
MAILING ADDRESS (Include apartment number, if any)					WORK (or message) TELEPHONE	
CITY	STATE	ZIP	PARENT E-MAIL ADDRESS			

### 2. SESSION INFORMATION (Fill out the line that applies)

SESSION	Check One	Payment Type (Weekly, In Full)	START DATE	END DATE	PRICE
4-week Training (Two payments of \$80)					\$40.00/ wk
3-Week Training					\$50.00/wk
2-Week Training					\$60.00/wk
Per Session (Group)					\$25
One on One Training					\$40/hr

### 4. DATE AND SIGNATURE

I hereby give approval for participation of any and all training sessions and events hosted by Community Strong Basketball. I furthermore, agree to hold the Community Strong Basketball Training Program and Gymnasiums in use or any other affiliates harmless of any legal responsibilities of any injuries during the clients training experience. I also acknowledge that my child/client has recently had a physical examination and is cleared to participate in sporting activities. I understand that I am, my child or client is required to have medical insurance to be cleared to train with Community Strong Basketball Training. I confirm by signing below that the information above is accurate and my child/client or I am covered by a primary medical insurance policy. I authorize the staff members and/or personnel to take any action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case.

I understand Community Strong Basketball Training reserves all rights to use audio, video, photography and media coverage taken of the participants to promote, market and advertise for our program.

<b>PARENT / GUARDIAN</b>	/ /	
	DATE	SIGNATURE

### 5. REGISTRATION AND PAYMENT WILL BE COLLECTED ON FIRST DAY OF TRAINING

Please submit this completed application on first day of training. Prior to attending contact us at:

**Community Strong Basketball Training**

**Phone: (941)223-5046**

**Email: [Malek\\_barber@pba.edu](mailto:Malek_barber@pba.edu)**

**Facebook: CSBasketballTraining**

For further information, don't hesitate to get in contact with us through any of our contacts.