



U-TURN BASKETBALL

INSTRUCTOR

Cameron Taylor
804.358.2775
basketball@u-turn.org

- U-Turn AAU
- U-Turn Community Outreach
- 4 yrs Varsity, Richmond Christian School
- 1 yr JV, Liberty Univ.

- Coach
- Student athlete

U-TURN Shooting Clinic



FRIDAYS

Nov 4 – Dec 16, 2011
4:30-5:30 pm or 6:30-7:30 pm
(no sessions on November 25th)

- ✓ Gain confidence
- ✓ Elevate on your jump shot
- ✓ Learn a quick release
- ✓ Personal critique of shooting form
- ✓ Learn how to shot off a screen
- ✓ Improve your range
- ✓ Shoot on the shooting machine

Open to everyone regardless of skill level



Shooting is one of if not the most important skills in basketball. U-turn's Shooting Clinic focuses on enhancing a player's confidence in their shot through repetition, and a step by step breakdown of a player's shooting form. Repetition combined with the correct shooting mechanics will make your shot more consistent. Great shooters are often called "pure shooters" because they have a smooth shooting form, quick release, and soft touch. Some players think a pure shooter is naturally gifted-born that way, but remember great shooters are MADE, not born.

Registration: \$20 per session – Minimum of four sessions

REGISTER ONLINE AT WWW.U-TURN.ORG

U-TURN SPORTS PERFORMANCE ACADEMY ♦ 2101 Maywill Street ♦ Richmond, VA 23230 ♦ 804.358.2775

U-TURN BASKETBALL Shooting Clinic

REGISTRATION AND PARENT/GUARDIAN INFORMATION

| | | |
|--|-------------------|---------------------------|
| Athlete #1: _____ | Age: _____ | Subtotal for each athlete |
| Clinic (circle date & time): Date ► 11/1 11/11 11/18 12/2 12/9 12/16 Time ► 4:30 pm 6:30 pm | | \$ _____ |
| Athlete #2: _____ | Age: _____ | Subtotal for each athlete |
| Clinic (circle date & time): Date ► 11/1 11/11 11/18 12/2 12/9 12/16 Time ► 4:30 pm 6:30 pm | | \$ _____ |
| Athlete #3: _____ | Age: _____ | Subtotal for each athlete |
| Clinic (circle date & time): Date ► 11/1 11/11 11/18 12/2 12/9 12/16 Time ► 4:30 pm 6:30 pm | | \$ _____ |
| Parent/Guardian: _____ | Cell Phone: _____ | Total Amount Enclosed |
| Address: _____ | Home Phone: _____ | \$ _____ |
| City, State, Zip: _____ | Email: _____ | |

Mail this form with a check made payable to: U-TURN Sports Performance Academy, 2101 Maywill Street, Richmond, VA 23230