



BUCKETTS WITH BECKETT

Call 314-769-2255 or 314-723-2446



Introducing Gary Buchanan as personal trainer

Be a part of the best Drills for Skills basketball training available. Coach Beckett and his staff use video and other tools to assess the level of training required for each individual.

Former clients include:

- Blake Ahearn** – DeSmet HS, Missouri State, NBA
- Steve Stipanovich** – DeSmet HS, University of Missouri, NBA
- Loren Woods** – Cardinal Ritter HS, University of Arizona, NBA
- Derrick Chievous** – University of Missouri, NBA
- Gary Buchanan** – Valley Park HS, Villanova, Euro League
- Ted Morris** – Chaminade HS, Euro League

This prestigious group is joined by numerous former/present NCAA divisions I, II, III and NAIA/Jr Collegiate players and hundreds of high school boys and girls stars, standouts and students of the game of basketball.

Schedule of Fees (cost is based on 1 hour)

All prices are Per Person

# of People	Sessions/Cost	MARK YOUR CHOICE
1	3 for \$150 6 for \$ 250 10 for \$400	_____ _____ _____
2	5 for \$200 10 for \$375	_____ _____
3	5 for \$175 10 for \$325	_____ _____
4	5 for \$150 10 for \$250	_____ _____
5+	Inquire about fee	

PARTICIPANT INFORMATION:

Player's Name: _____ M ____ F ____
 Address: _____ City: _____ State: _____ Zip: _____
 Home phone: _____ Cell: _____
 Grade: _____ Birth date: _____ School: _____ Allergies _____
 Parents: _____ email: _____

MEDICAL/EMERGENCY/RELEASE INFORMATION:

I, _____ (parent/guardian), to _____ (player),
 In the event that my child is injured or should require medical attention, I hereby request you contact our family doctor. In the event the doctor can't be reached, I hereby authorize the coach or any other program volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment, which are not covered by insurance provided through the program. If possible, confirmation of the authorization should be made with me prior to treatment by calling me at the above listed number. In case I can't be reached for an emergency, medical treatment as described above may proceed without further authorization. I assume all risks and hazards to such participation, including transportation to and from activities, and hereby waive, release, absolve, indemnify and agree to hold harmless the St Louis Basketball Academy, the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities for any claim arising out of an injury to my child, whether the result of negligence or for any other cause, except to the extent, and in the amount covered by, accident or liability insurance.

Signature: _____ Date: _____
 Alternate Emergency Contact: _____ Phone: _____
 Allergies: _____ Medications: _____
 Other Health Concerns: _____

OFFICE USE ONLY:

Date Received: _____ By (initials): _____ Amount: _____
 Cash: _____ Check Number: _____ Refund Date: _____

St. Louis Basketball Academy (Moolah Shrine Center) – 12545 Fee Fee Rd – Creve Coeur, MO 63146
 Tel. (314) 769-2255 or www.STLBALL.com