



# GABL ACADEMY

## BASKETBALL SKILLS INSTRUCTION (BSI 101)

September 2010

The GABL Basketball Academy is designed to help players of all ages improve their individual skills, attitude and knowledge of the game. The program stresses fundamentals and gives individuals the tools to achieve their full potential.

**Rich Zvosec**, former men's basketball coach at UMKC, is now the BSI 101 director and will provide instruction for each individual and group instruction session. Learn from the best!

Coach Z's Accomplishments Include:

- UMKC's all-time winningest coach.
- Named Coached of the Year in two Division I conferences, at two different schools.
- At age 27, Zvosec was the youngest Division I head coach.
- Published author and highly-respected speaker.
- Analyst with ESPN, the Big 12 Network and CBS.
- Excellent, enthusiastic teacher of the game.

### **Basketball Skill Instruction (BSI - 101)**

**Learn to play basketball the right way.**

**Coach Z or one of his staff will also provide each participant with a work-out/practice program to continue beyond the BSI-101 sessions. Instruction will cover:**

#### **Breakdown of Shooting:**

B.E.E.F. of Shooting (Balance, Eyes, Elbow, Follow-Through)  
Shot Line (Foot, Hip, Elbow, Hand, Ball, Basket)  
Shot Pocket  
Grip  
Hand and Foot Placement

#### **Footwork Breakdown for Shooting:**

Shooting off the Catch, the Screen, the Bump, the Curl

#### **Dribbling:**

Right or Left, Behind the Back, Hesitation Moves, Inside out, Step Back Moves to the Shot  
Cross-over, Spin Dribble, Between the Legs, Rip Through and Explosion to the Basket

#### **Drills for:**

Ball Handling	Explosion
High Impact	Quickness
Reading the Defense	Footwork
Shooting	

#### **Other Basketball Skills:**

How to Practice	Post Moves
Guard Play	Moving Without the Ball

#### **CONTACT:**

Coach Z: BSI-101 Director  
GABL Basketball Academy  
coachz@gabl.net  
913-236-8833



## GABL BASKETBALL ACADEMY

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COST:	<u># of Participants</u>	<u>Cost per Hour Per Participant</u>
	1	\$55
	2-4	\$40
	5-6	\$35

**Circle the sessions you request.**

**Additional sessions will be added in 1 hour increments on each day, when needed.**

Day	Date	Location	Time
Tuesday	Sept 7, 2010	Indian Woods	6 pm
Thursday	Sept 9, 2010	Westridge	6 pm
Tuesday	Sept 14, 2010	Westridge	6 pm
Thursday	Sept 16, 2010	Westridge	6 pm
Tuesday	Sept 21, 2010	Westridge	6 pm
Thursday	Sept 23, 2010	Westridge	6 pm
Tuesday	Sept 28, 2010	Westridge	6 pm
Thursday	Sept 30, 2010	Westridge	6 pm

**Locations:**

Indian Woods Middle School.....9700 Woodson  
 Westridge Middle School.....9300 Nieman Rd.

**Registration Information:**

Complete the Basketball Skills Instruction Waiver and Consent Form. Circle the dates requested on this form. Mail, fax or bring the completed forms to the GABL Office along with payment information.

GABL Academy accepts cash, checks or credit cards (Visa, MasterCard, Discover, American Express). Payment for each session must be received before attending.

**GABL ACADEMY**  
**6740 Antioch Rd, Ste. 250**  
**Merriam, KS 66204**  
**Fax: 913-236-9188 • Phone: 913-236-8833**  
**coachz@gabl.net • [www.gabl.net](http://www.gabl.net)**



# GABL BASKETBALL ACADEMY

## BASKETBALL SKILLS INSTRUCTION (BSI 101)

### WAIVER & CONSENT FORM

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the GABL Basketball Academy.

I understand that there are certain risks inherent in playing the sport of basketball, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is capable of participating in the sport of basketball and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

Please list any physical limitations (allergies, hearing, sight, etc.) \_\_\_\_\_

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Great American Basketball League, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the activities incidental thereto, whether the result of negligence or any other cause.

In the event of any accident or injury to my child and subsequent determination that emergency medical treatment is necessary, I hereby authorize the GABL, staff and/or coaching staff to admit said child to the nearest medical treatment center, and place him/her under the care and treatment of the attending physician.

I also authorize GABL to take photographs and to use, at its discretion, any photographs taken and waive any and all claims resulting from any such photographs or reproductions.

Per the attached "Session Sign-Up", we are making a commitment to have my child in attendance for all sessions we have registered for. We are paying in advance for these sessions in order to receive the appropriate discount and understand that no refunds will be issued if the participant fails to attend a session(s). If I choose to not pay in advance for all sessions, I understand that payment must be received at the beginning of each session.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Home Address

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

\_\_\_\_\_  
Current Grade

\_\_\_\_\_  
School Player Attends

\_\_\_\_\_  
High School Attendance Area

\_\_\_\_\_  
Session Dates Requested

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Daytime Phone Number

\_\_\_\_\_  
Parent Email Address

#### PAYMENT INFORMATION

CHECK NO. \_\_\_\_\_ CASH \_\_\_\_\_ \$ \_\_\_\_\_ NUMBER OF SESSIONS \_\_\_\_\_

VISA/MC/DISCOVER/AMEX # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_

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