

FREE THROW  
SHOOTING DRILLS!  
AGILITY DRILLS!

GAME SITUATIONS!

SHOOTING GUN DRILLS!

PERSONALIZED ONE- ON- ONE TRAINING!

ALL OUT ACTION DRILLS!

FOOTWORK DRILLS!

AND MUCH MORE!

**“HANDS-ON”  
COACHING  
AND  
PROFESSIONAL  
TRAINING**

FOR MORE INFORMATION VISIT  
[WWW.HOOPSTHERIGHTWAY.COM](http://WWW.HOOPSTHERIGHTWAY.COM)  
OR CALL 703.737.3093

*Partners With:*

**Michael & Son**  
**SPORTSPLEX**  
*At Dulles*

*To Bring You  
Professional Basketball  
Training, Leagues,  
Camps, Clinics and  
Much, Much, More!*



[www.HoopsTheRightWay.com](http://www.HoopsTheRightWay.com)

**ADDRESS:**  
*21610 Atlantic Blvd.  
Sterling, VA 20166*

**PHONE**  
*703.737.3093*



**HOOPS**

**THE RIGHT WAY**  
**BASKETBALL ACADEMY**

**WHERE IT'S ALL FUNDAMENTAL**  
 [WWW.HOOPSTHERIGHTWAY.COM](http://WWW.HOOPSTHERIGHTWAY.COM)



*We are now Partners!*

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## DEFENSIVE SKILLS

DEFENDING THE BALL!

STRENGTH AND CONDITIONING!

STANCE AND FORM TECHNIQUES!

FULL-COURT PRESS SYSTEMS!

REBOUNDING STRATEGIES!

FOOTWORK EXERCISES!

"WEAK-SIDE" DEFENSE!

## What?

**Professional Basketball Training**

## Where?

**Michael & Son Sportsplex At  
Dulles  
21610 Atlantic Blvd  
Sterling, VA 20166**

## When?

**Year Round!**

## OFFENSIVE SKILLS

BALL-FAKE TECHNIQUES!

SHOOTING GUN DRILLS!

BALL HANDLING SESSIONS!

MULTIPLE PASSING SKILLS!

POWER POST MOVES!

AND MUCH MORE!



## Registration Options

[www.HoopsTheRightWay.Com](http://www.HoopsTheRightWay.Com)

Or

**Complete form and mail**

Or

**Call – 703-737-3093**

### ACADEMY GOAL

To equip Kids, Teens and Teams with the foundational fundamentals of basketball through individual, group and team training.

MAIL REGISTRATION FORM TO:  
P.O Box 4174 Leesburg, VA 20177

### Academy Student

PLEASE PRINT

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

#### POSITION

(Very Important — Check all that apply)

- Point Guard     Power Forward  
 Shooting Guard     Center  
 Small Forward

### MEDICAL RELEASE

This is to certify that \_\_\_\_\_  
my child has been recently examined by a medical doctor and is physically capable to participate in all training sessions.

I also acknowledge the following:

1. That every session shall be undertaken at his/her sole risk and
2. That Hoops The Right Way, Inc. Shall not be liable for any claims or causes of action whatsoever arising out of or connected with the services provided; and
3. That I the parent or guardian hereby release and discharge Hoops The Right Way, inc. From any such claims or actions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_