

Tuesday & Thursday Night Shooting Clinics

Program Description:

Players will be divided into groups based on gender, age, and ability. One coach will work with each small group. Lessons will be tailored to the ability of each group. Small groups allow players To *shoot a maximum amount of shots* and receive *specific and direct feedback*.

IMPROVE YOUR SHOOTING ABILITY

Boys and Girls Grades 4 - 12

September 20th - October 27th

6:00 - 7:00 PM on Tuesday's

8:00 - 9:00 PM on Thursday's

\$14 per session / \$125 All Sessions (\$43 savings)

\$125 to pre-register for all 12 sessions (save \$43)



Premier Athlete Offer:

- *Receive a \$100 discount on multiple month commitment at Premier Athlete Training
 - *Come train with us and get the total package!
 - *Call or Email today to sign up for a **FREE TRIAL!**
- 508-543-1903
sburnison@premierATHLETETraining.com

Team Training Offer

What Program Offers:

- *D1, D2 programs enhances athlete's speed, power, agility, and overall conditioning.
- *Program improves physical quality of an athlete's performance and builds a level of confidence that contributes to even greater success.
- *Each workout includes: dynamic warm-up, speed instruction, core workouts and a resistance training program.



To register complete the back of this sheet or go online to www.mpcourts.com
Contact: Dean O'Connor 508-543-2626 X12 or doconnor@mpcourts.com

Tue. & Thur. Shooting Clinics Registration Form

Participant Information:

First Name: _____ Last Name: _____

D/O/B: ____/____/____ Age: ____ Grade: ____ Gender: M or F

Select Sessions Attending:

All ____ Sept. 20 ____ Sept. 22 ____ Sept. 27 ____ Sept. 29 ____ Oct. 4 ____
Oct. 6 ____ Oct. 11 ____ Oct. 13 ____ Oct. 18 ____ Oct. 20 ____ Oct. 25 ____
Oct. 27 ____

Parent/Guardian Information:

Check box if previously filled out

First Name: _____ Last Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: ____ - ____ - ____ (E) Phone: ____ - ____ - ____

Payment Method (Please Circle One):

Credit Card

Check

Cash

By submitting this registration you understand that any participants attending the programs and using Mass Premier Courts, LLC facilities does so at his/her own risk. Mass Premier Courts and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless "Mass Premier Courts, LLC", all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Mass Premier Courts, LLC. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Mass Premier Courts to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize "Mass Premier Courts and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

X _____

Please complete this form and return to:
Mass Premier Courts
Attn: Dean O'Connor
97 Green St. Foxboro, MA 02035