



John Szela
Basketball Skills Coach
 2322 23rd Court
 Jupiter, FL 33477

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www.proshot.us

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Individual & Small Group Instruction

- Features:** Specializes in Shooting and Offensive Skills
 Also Team concepts and Defensive Skills
One-on-One Instruction, Small Group Instruction
 Skill development designed to meet each player’s needs
- Other Features Include:** **Individual skills evaluation & written shooting evaluation**
 Each practice 50 – 60 minutes long, includes individual notebook
- Important Info:** Instruction available at local playground or at your home
 For boys & girls grades 12th thru 4th , for advanced thru beginner
 Practices can be scheduled at times convenient to your schedule
 Practices are available on weekday evenings and some weekends
- Staff:** **John Szela, Basketball Skills Trainer, ProShot Basketball**
Director and experienced head college coach
 Cost: \$50. per practice & up... in off season. \$60. In-season.
- Other information:** **Apply early! Enrollment is limited.**
 Each player will supply own insurance coverage.
 Payments made in advance... Cancellation notice – 24 hours!

This skill development program has been used by numerous All-Stars, All-Staters, even All-Americans...Many players who have scored 1000 pts and even 2000 career points.

Player’s name _____ School _____
 Grade in Sept ___ Age ___ Yr of Grad ___ Date of Birth _____ Sex ___ Today’s date _____
 Email _____ Insurance Co. & policy number _____

I certify that my child is in good physical condition and can participate in your physical activities. I absolve ProShot and staff from any liability connected with my child’s participation in, traveling to, or returning from the practice or its activities. I also understand the camp retains the rights to use for publicity and advertising purposes photographs of players taken at camp or its activities. I understand that at least a 24 hour cancellation notice must be given otherwise FULL payment will be due unless there is a written medical excuse. Further I understand that I am responsible for insurance coverage.

Parent’s Signature _____

Address _____ Phone (H) _____
 Phone (C) _____