



**Player Development Academy**

**BOYS ACADEMY JUNE 12-14 2009 MADISON, WI**

**PREPARE FOR COLLEGE**

**RISE TO THE NEXT LEVEL**

**SILENCE THE DOUBTERS**

<u>Date</u>	<u>Time</u>	<u>Event</u>	<u>Location</u>
<b>JUNE 12</b>			
June 12	1:00PM-1:30PM	Check Inn	TBD
June 12	2:00PM-4:30PM	Session I	MATC
June 12	5:00PM-6:45PM	Dinner and Rest	TBD
June 12	7PM-9PM	Session II	MATC
June 12	9PM-10PM	Evaluation Games	MATC
June 12	11PM	Meeting	TBD
June 12	11:30PM	Lights Out	TBD
<b>JUNE 13</b>			
June 13	8AM-9AM	Wake up/Breakfast	TBD
June 13	9AM-9:30AM	Classroom Session and Film	TBD
June 13	9:45AM-11:30AM	Session III	MATC
June 13	11:30AM-2PM	Lunch and Rest	TBD
June 13	2:15PM-4:30PM	Session IV	MATC
June 13	5:00PM-6:30PM	Dinner and Rest	TBD
June 13	6:30PM-7PM	Classroom Session and Film	TBD
June 13	7PM-8:30PM	Session V	MATC
June 13	8:30PM-9:30PM	Evaluation Games	MATC
June 13	11:30PM	Lights Out	TBD
<b>JUNE 14</b>			
June 14	8AM-9AM	Wakeup/Breakfast	TBD
June 14	9AM-9:30AM	Classroom and Film Session	TBD
June 14	9:45AM-11:30AM	Session VI	TBD
June 14	11:30AM-2PM	Lunch and Rest	TBD
June 14	2PM-2:30PM	Classroom and Film Session	TBD
June 14	2:30PM-4PM	Session VII	MATC

## **Location:**

Madison Area Technical College

H. Douglas Redsten Gymnasium Click Here for [Google Maps](#)

3550 Anderson Street

Madison, WI 53704

[www.matcmadison.edu](http://www.matcmadison.edu)

## **Housing and Transportation:**

Players will be housed at the \_\_\_\_\_ and transported to and from the \_\_\_\_\_ to the H. Douglas Redsten Gymnasium and to meals by *Mike Lee Player Development Academy Staff*.

Players are welcome to list a roommate preference on their application form or in the notes section of the online registration and payment

Madison, WI is home to the Dane County Regional Airport, which can take you non-stop to many key destinations, and *anywhere in the world* through connecting hubs. Transportation to and from the Dane County Regional Airport will be provided by Mike Lee Basketball. Players in need of air transportation are suggested to schedule departing flights no earlier than 6:30PM on Sunday, June 14 and should contact Mike Lee Basketball with their flight itinerary 30 days prior to camp.

## **Attendance:**

Parents are welcome to attend any and all Academy sessions.

## **Filming and Photography:**

No video filming will be allowed at any of the Academy sessions. You are welcome to take still photos.

## **Academy Tuition Includes:**

- Mike's 50 page *Drill "4" Skill Workout Book*
- 2 Instructional Workout DVDs
- Academy T-Shirt



## **MIKE LEE BASKETBALL DEVELOPMENT ACADEMY REGISTRATION FORM**

**Mail form along with payment to: Mike Lee Basketball\*316 Ley Ave South\*Marshfield, WI 54449**

Boys Academy June 12-14 Eau Claire, WI  Commuter (includes meals) \$425  Overnight \$495

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address\*: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade Fall 2009: \_\_\_\_\_ School: \_\_\_\_\_ Roommate Preference: \_\_\_\_\_

Height: \_\_\_\_\_ - Weight: \_\_\_\_\_ G.P.A \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

2008-09 Statistics PPG \_\_\_\_\_ RPG \_\_\_\_\_ APG \_\_\_\_\_ FG% \_\_\_\_\_ 3FG% \_\_\_\_\_ FT% \_\_\_\_\_

Colleges Currently Considering: \_\_\_\_\_

T-Shirt Size  S  M  L  XL  XXL

How Did You Hear About the Academy?  Personal Contact  Email/Website  Direct Mail  Ganon Baker  Coach

\*Your email address must be provided here to receive confirmation of registration. Confirmation will not be sent via direct mail.

I hereby grant permission for my son/daughter to attend the Playmakers Basketball Player Development Academy . I understand that the Academy will be extremely intense, physically demanding, and potentially hazardous to the health of my dependent. I also grant permission to Playmakers Basketball to act for me according to their best judgment in any emergency requiring medical attention and agree to hold harmless and indemnify Playmakers Basketball, the Eau Claire YMCA, the University of Wisconsin-Wood County/Marshfield, the Marshfield Area Catholic Schools their offices, agents and employees, from any and all liability, loss, damage, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp.

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Date \_\_\_\_\_

**All campers must have their own medical insurance. Please notify us of any medical needs you may have while at camp and attach a statement with any pertinent medical information.**

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_