



CYDC Jr BHL Skills Academy Program

Our fundamental skills academy is the cornerstone of the CYDC program. The academy emphasizes progressive skill development and mastery for all age groups, across the major skill categories of the great game of basketball. CYDC coaches from all age groups, who provide progressive guidance and mentoring to the athletes, will conduct the Jr BHL program. CYDC will use station training in our large gymnasiums to maximize the impact to the athlete, and will provide a variety of skill development opportunities each session. The 8 sessions will run on Saturday at Masters Academy from 12:00pm-1:00pm. The program will focus on fun, fitness and fundament in a safe positive environment. The following represents a fraction of the skills that will be taught.

DATES: January 20th, 27th
February 3rd, 17th & 24th
March 3rd, 10th & 17th

Locations: Masters Academy Main Gym, 4414 Crowchild Trail SW [Map](#)

Time: 12:00pm-1:00pm

Ages: 4-7

Cost: \$100.00 GST included (8 Sessions)

Offense Technique

- Passing technique (chest, bounce, full court, outlet, post)
- ball handling / jab step moves
- CYDC shooting technique / form shooting
- Jump shot / curl & shoot / dribble and shoot
- Left and Right Hand Layups
- 3 on 3 Games
- 4 on 4 Games

Individual Defensive Technique

- Footwork / positional 1-on-1 aggressive defense / defensive stance
- Ball defense / stealing
- Pass denial technique / fronting opponent / behind opponent
- Rebounding / box out / timing and anticipation
- Containment technique
- Close-out technique



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Team Defensive Technique

- Man to Man Ball Pressure
- Denial defense / help defense
- Denying the passing lane
- Help Defensive Position
- Defensive communication

Mental Conditioning / Mental Process Technique

- What it takes to play at the next level / goal setting
- Learning how to play the game the right way
- Team Sprit/Teamwork

Conditioning

- Sprints / quick feet / high stepping
- Push-ups / sit-ups / Learn the Panther crawl
- Agility Drill to enhance coordination
- Nutrition and diet awareness and requirements

Email anita.hegwood@cydcbasketball.com to reserve your spot.

Method of Payment:

Cheque payable to CYDC PANTHERS (write your child's name on front of cheque & Program)



Player Information

Player's Name _____
First Name Last Name

Parent's Names _____
First Name Last Name

Address _____ City _____

Postal Code _____ email _____

Phone (h) _____ (w) _____ (c) _____

School _____ Grade _____

DOB _____ Age _____ Height _____
Day/Month/Year

Alberta Health Care Number _____ Gender (circle one) M F

Medical Consent

I, the undersigned, give CYDC Panthers my permission to seek emergency medical treatment for the above named player in the event that he/she is injured while at or participating in any event or activity through CYDC.

Physician's Name _____ Phone _____

Emergency Contact _____ Phone _____

Parent/Guardian Signature _____ Date _____

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\$100.00

Date(s) January 13th, 27th
February 3rd, 17th & 24th
March 3rd, 10th & 17th

Method of Payment (circle one): Online Cash Cheque payable to **CYDC Panthers**
(write your child's name on front of cheque & Program)

Bring your own basketball and water bottle. Photos may be taken and used on the CYDC Panthers website www.cydcbasketball.com. For more information email anita.hegwood@cydcbasketball.com



Assumption of Risks and Waiver of Liability

I, _____ [*parent name*], am the parent or legal guardian of the Player, _____ [*child name*], who will be participating in events and activities through CYDC Panthers, including basketball practices and games and other activities (which events and activities are collectively referred to in this document as the “**Activities**”). I am aware that the Activities involve many **RISKS AND DANGERS**. I understand that known and unknown risks and dangers associated with the Player’s participation in the Activities may result in personal injury, death, property damage and/or loss. I understand as well that personal injury, death, property damage and/or loss may be caused or contributed to by the **NEGLIGENCE OR CARELESSNESS** of others.

In consideration of CYDC allowing the Player to participate in the Activities, I agree, on behalf of the Player and myself and any one that may claim through the Player or myself, that:

1. **I ASSUME AND ACCEPT, WITHOUT LIMITATION, ALL RISKS AND DANGERS** associated with the Player’s participation in the Activities.
2. **I ASSUME FULL RESPONSIBILITY** for understanding and following the rules and safe practices associated with the Activities and for the Player’s personal safety.
3. **I WAIVE ANY AND ALL CLAIMS** against CYDC and its agents, representatives, coaches, players and volunteers (together with CYDC collectively referred to in this document as “**CYDC PANTHERS**”) arising from or connected with, directly or indirectly, the Player’s presence at, or participation in, the Activities.
4. **I RELEASE** CYDC PANTHERS from any and all liability for any loss, damage, injury or expense that the Player or I may suffer or incur by reason of the Player’s presence at, or participation in, the Activities, due to any cause whatsoever, **INCLUDING NEGLIGENCE ON THE PART OF CYDC PANTHERS, OR OTHER PARTICIPANTS, OR ANYONE ELSE.**

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT, BY SIGNING THIS DOCUMENT, I GIVE UP IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, ON BEHALF OF MYSELF AND THE PLAYER.

I UNDERSTAND THAT CYDC PANTHERS IS RELYING ON MY FULL RELEASE AND WAIVER OF ALL CLAIMS WHEN ACCEPTING THE PLAYER’S PARTICIPATION IN THE ACTIVITIES.

Parent/Guardian Signature _____ Date _____