

TOP GUN BASKETBALL

“Comprehensive Player Development for the ‘TOP GUN’ Athlete”

Training from an exceptional basketball coach, top performance training specialists, and a registered dietitian –

Skill Training

(On the court)

Performance Training

(In weight room & on track)

Performance Nutrition

(In the classroom)

TOTAL TRAINING AT ONE ALL-INCLUSIVE CLINIC!

Chalk Talk

(On the court strategy)



NBA Combine Testing

(On court & in weight room)



Recruiting Process

(How to be prepared)

When: **June 25, 26 & 27**

Grades: 9th - 12th (Only 12 taken)
6th - 8th (Only 12 taken)

Where: HammerBodies Custom Fitness Clinic
2121 Hammer Drive
Maryland Heights, MO 63146
*(all skills, performance training and nutrition
take place inside 21,000 sq. foot facility)*

Cost: \$450 per athlete (50% deposit due upon registration)

Registration: Phone (800) 321-0711 or (314) 567-3797

**Limited to 24 players for maximum training, performance & skill
development; **Divided into 4 training groups****



Phone

(800) 321-0711 or

(314) 567-3797 to register!

HammerBodies Custom Fitness Clinic

www.hammerbodies.com



More Shooting ...
 More Speed/Strength Training ...
 More Technical Training ...
 More Nutrition ...
MORE PERFORMANCE!

Please complete and return the application below and enclose your personal check or money order, made payable to:

**HammerBodies Custom Fitness
 2121 Hammer Drive
 Maryland Heights, MO 63146**

**Or phone us directly at:
 (314) 567-3797 or (800) 321-0711**

**All workshop fees are non-refundable.*

Comprehensive Training Schedule

Friday, June 25 (5:00pm – 9:30pm)

5:00pm - Registration
 Weekend Game Planning;
 Divide into training groups of 4
 7:00pm – 9:30pm NBA Combine Testing

Saturday, June 26

7:30am – Warm up
 8:00am – Skill Mechanics (On Court)
 10:00am – Break (Nutrition Bar Provided)
 10:30am - **4 Station Rotation**
 1) Speed /Jump Training 2) Nutrition
 3) Strength Conditioning 4) Chalk Talk
 1:30pm - Lunch (provided)
 2:30pm - **4 Station Rotation (see above)**
 5:30pm - Flexibility Training & Recovery
 6:00pm - DINNER (on your own)

Sunday, June 27

7:30am -Warm Up
 8:00am – Skill Mechanics (On Court)
 10:00am – Break (Nutrition Bar Provided)
 10:30am - **4 Station Rotation (see above)**
 1:30pm - Lunch (provided)
 2:30pm - Top Gun Skills Competition
 4:30pm - Closing Remarks -- Awards



Name: _____ Grade _____
 Address: _____
 City/State/Zip: _____
 Age: ____ Clinic Date Attending: _____
 Parent Name(s): _____
 Parent Home Phone: _____ Cell: _____
 Parent E-mail: _____
 Attendee E-mail: _____

I hereby request that my son, daughter or ward be permitted to attend the Top Gun Basketball Clinic. I authorize the staff to act for me according to their best judgment in an emergency. I will hold harmless and release the staff, the camp, HammerBodies Custom Fitness & HSP, and 8AP, LLC from any and all liabilities or responsibilities related to injuries or the death of my son, daughter or ward. I understand that my insurance coverage is primary and any coverage provided by the camp will be specifically on an excess basis only. Additionally, I understand that images/photos of my son/daughter may be taken at the Speed Clinic and release/allow such photos to be used for future Blue Chip, HammerBodies, or 8AP, LLC materials.

Primary Insurance Carrier: _____
 Insurance Policy Number: _____
 Parent/Guardian Name: _____
 Parent/Guardian Signature: _____
 Applicant Signature (if 18 or over): _____
 Date: _____