

THANKSGIVING HOOPS CLINIC

FRIDAY NOVEMBER 29, 2024

SESSION #1 9:30am - 12:00pm (Grades 4 - 8)

SESSION #2 12:30am - 3:00pm (Grades 4 - 8)

COST : \$40 or \$75 for Both Sessions

LANDMARK SPORTS COMPLEX - 1600 GLENDALE MIFORD RD.



Sweat Mastery Ambition Repetition Technique Everyday Results



KEVIN DUNCAN Kevin Duncan has been training & coaching for over 25 yrs and has been certified with Micah Lancaster (I'm Possible Training) for 8 years. He has trained players throughout Ohio, other states, and countries like Switzerland, Chile, Israel, Phillipines, Egypt, New Zealand, and Denmark. He is also a skills trainer for the Cleveland Cavs Academy, worked with UK. NBA player Derek Anderson and a skills trainer for Luke Kennard of the Memphis Grizzlies overnight summer camp. He is a global member of the Basketball Trainers Association.

This camp will be run by Kevin Duncan (Air Kev) who offers skills enhancement training that is meesy, ugly, and mistake driven; its through that process that skills are developed. Air Kev is a skill, ability, and weakness specialist teaching players how to enhance their skills ON THEIR OWN.

This is a camp that will establish the core methodologies and concepts that bring I'm Possible skill enhancement to life & will teach the player how to use game simulation to aggressively confront weaknesses & expose where you need to improve.

**PAYMENTS CAN BE MADE TO "SOUTHWESTERN OHIO BASKETBALL" and dropped off at Landmark or mailed to
1860 GARRETT HOUSE LN. FAIRFIELD, OH 45014**

Campers Name _____

Grade _____

Address _____

Emergency Phone _____

Home Phone _____

Email Address _____

Fee Enclosed _____

Waiver for Participants

In consideration of you accepting this application, I hereby, for myself and my child waive and release any and all rights and claims for damage or my child may have against Southwestern Ohio Basketball staff and its representatives for any and all injuries suffered by my child during camp. I consent to allow my child to receive necessary medical treatment for injuries incurred while at camp.

Parent signature _____

Date _____