

# WILBS Basketball

Teaching Basketball...Improving Players & Teammates

Parkston School Workouts held at Parkston High School

Available to Boys and Girls (3<sup>rd</sup> Grade – HS)

## THE BASKETBALL WORKOUTS

\*1 hour Small Group Basketball Workouts led by Matt Wilber and the WILBS Basketball Staff. We will breakdown and split the session into smaller groups with assigned trainers based on factors such as skill level, position, etc.

\*This is not a camp or a large group workout. The workouts will focus on individual skill development in all areas but specific to footwork, shooting form, finishing, attack moves, etc.

\*Attitude, Being A Great Teammate, Competitiveness, Aggressiveness, and Playing thru Mistakes and Adversity will be a part of every workout while making it fun!!

\*Workouts will be fast-paced, high intensity, and high energy with a focus on development and improvement over the period of the workouts specific to players' skill and ability level.

\*Workouts are adaptable to all abilities! We work with beginners to professionals.

## Matt Wilber – Director



\*20 years in Coaching and Basketball Development

\*Currently Dakota Wesleyan Head Men's Basketball Coach. 10 years with career record of 210-100.

\*Decade as Owner of TIBBS Basketball, a premier basketball development program based out of Sioux Falls, working with 1000's of players of all skills and ages.

\*2015 NAIA National Coach of the Year.

\*6 National Tournament Appearances. Coached 13 All-Americans and 36 GPAC All-Conference players at DWU.

6 Workouts - \$105 Per Player – THURSDAYS – June 15, 22, & 29 – July 13, 20, and 27

1:30 PM – 2:30 PM 3<sup>rd</sup>-5<sup>th</sup> Boys and Girls

2:40 PM – 3:40 PM Middle School Boys and Girls

3:50 PM – 4:50 PM High School Boys and Girls

*\*All Players Receive a T-Shirt\**

Make Checks payable to WILBS Basketball or Venmo @WILBSBasketball

Name \_\_\_\_\_ Grade (Fall 2023) \_\_\_\_\_

Session (Please Check One)  Middle School  High School  (3<sup>rd</sup>-5<sup>th</sup>)

Parents' Names \_\_\_\_\_

Parents' Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Parents' Email \_\_\_\_\_

Parents' Address \_\_\_\_\_

T-shirt Size (Check One): **YOUTH** o S o M o L **ADULT** o S o M o L o XL o XXL oXXXL

**CONSENT TO PARTICIPATE:** I/We, the undersigned parent or guardian of the child named below do hereby permit said child to take part in the WILBS Basketball, LLC. program. I/We fully understand and acknowledge the possible risk involved in such participation, and do hereby assume the responsibility for such risks, known or unknown, and release WILBS Basketball, LLC., independent contractors, and volunteers from any and all liability whatsoever, for any injury or physical condition which may be caused by, result from, or be aggravated by such participation. I/We also give permission and/or consent to WILBS Basketball, LLC. to secure and authorize such emergency medical care as my child might require while under supervision of said agency. I agree to pay all costs and fees reasonably related to any emergency medical care and/or treatment for my child as secured or authorized under consent. I/We understand that a copy of this form will be kept on file.

Signature of Parent or Legal Guardian \_\_\_\_\_