



BASKETBALL TRAINING

Participants Basketball Goals

Player/Participant Full Name: _____

Player's Date of Birth: _____ Today's Date: _____

Parent/Guardian Full Name: _____

Parent/Guardian Email: _____

SHORT TERM GOALS: Select from options below or fill out custom goals in provided space.

- ☐ Improve Ball Handling
- ☐ Improve Conditioning
- ☐ Improve Defense
- ☐ Improve Shooting
- ☐ Improve Rebounding
- ☐ Improve Passing
- ☐ Improve Toughness/GRIT
- ☐ Work on My Attitude
- ☐ Become a Better Teammate
- ☐ Improve Footwork
- ☐ Improve Strength
- ☐ Learn How to Deal with Adversity
- ☐ Improve My Coachable ability
- ☐ Make Team Roster
- ☐ Other _____

LONG TERM GOALS: Select from options below or fill out custom goals in provided space.

- ☐ Division I
- ☐ Division II
- ☐ Division III
- ☐ NBA
- ☐ WNBA
- ☐ Europe
- ☐ Become a Coach
- ☐ Mentor Players
- ☐ Personal Trainer
- ☐ Other _____

Favorite NBA Player(s): _____

Do you have a rival player you like to compete against? ☐ Yes ☐ No

What do you think your strongest skill sets are today? ☐ Ball Handling ☐ Shooting ☐ Passing ☐ Defense
☐ Rebounding ☐ Toughness / GRIT ☐ Stamina ☐ Knowledge of the Game ☐ Coachable ☐ Being a Good Teammate

How much do you want to accomplish your goals on a scale to 1 - 5:

- ☐ 1 - Not Interested
- ☐ 2 - Not Interested but I enjoy the game
- ☐ 3 - I wouldn't be disappointed
- ☐ 4 - Willing to work hard to try obtain
- ☐ 5 - Highly motivated (MJ & Kobe mentality)