



**INDIVIDUAL
DRIBBLING
SKILLS**

**SHOOTING
OFF THE
DRIBBLE**

**EFFICIENT
OFFENSIVE
FOOTWORK**

**CORRECT
SHOOTING
FORM**

**SHOT
PREPARATION,
SHOT SPEED
& BALANCE**

MIKE FELT

Mike Felt was a four year starter at Redwood Valley High School in Redwood Falls, MN. In his junior and senior years he averaged 30 points per game. As a junior he recorded a career high 56 points. He ended his high school career with 2,450 points and 338 3-point field goals, placing him in the MN state record books.

His basketball career continued at North Dakota State University. While playing during some of the top seasons at NDSU, Mike made 244 3-point field goals. As a sophomore he was ranked 14th in the nation for 3-point shooting percentage at 43.1%. For his career, he shot 83% from the free throw line, 40% from 3-point range and 40% overall. In the last 5 summers Mike has helped over 2,100 athletes gain a competitive edge on their competition.



This camp provides players with the drills and skills it takes to **develop a great offensive skill set.**

This camp strives to make practice and skill training as game like as possible. We utilize specific equipment, movements and drills to maximize each player's offensive performance on the court. Our objective is to show players how to be efficient and effective during their time in the gym. We hope to help players become the offensive threat that their team needs in the upcoming season.

MIKEFELTHCSC@GMAIL.COM

MIKEFELT.WIXSITE.COM/HEATCHECKTIME



@HEATCHECKTIME

COST: _____

TIMES: _____

WHO: _____

PLACE: _____

DATE: _____

PLEASE RETURN THIS PORTION TO _____ BY _____

Each player will receive a "Mike Felt Heat Check Shooting Camp" t-shirt at the beginning of the camp only if this form is turned in by the date above. This form **MUST** be turned in by this date in order to receive a t-shirt. Players who do not meet this deadline will not receive a t-shirt.

Player Name _____ **Grade** _____ **T-shirt Size** _____

Emergency Contact _____ **Phone #** _____

Waiver of Liability (must be signed) - By my signature below, I hereby waive and release Michael Felt and the Mike Felt Heat Check Shooting Camp staff from any and all liability for illnesses and injuries resulting from my child's participation in the Mike Felt Heat Check Shooting Camp. I certify that my child has no pre-existing mental or physical conditions which would limit my child's participation in any way. If or for any reason it appears that my child needs medical attention, I grant permission for him/her to be referred at the discretion of the instructor Michael Felt and of other Mike Felt Heat Check Shooting Camp staff for prompt and appropriate medical treatment, including transportation for treatment. I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills, or other expenses that could be incurred as a result of illness or injury while attending the camp. I further understand the camp retains the right to use, for publicity or advertising purposes, photographs and videos of campers taken at camp.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____