

# ECHAUFFEMENT ARTICULAIRE

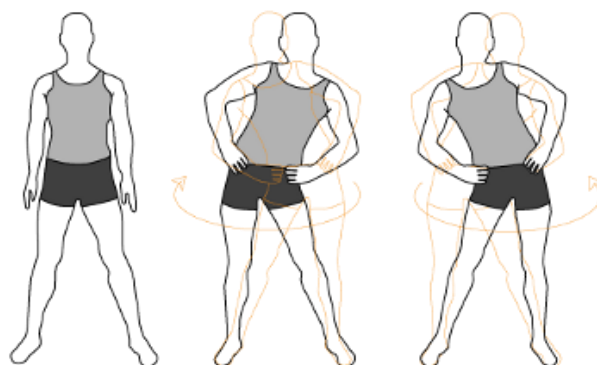
## 1. CHEVILLES



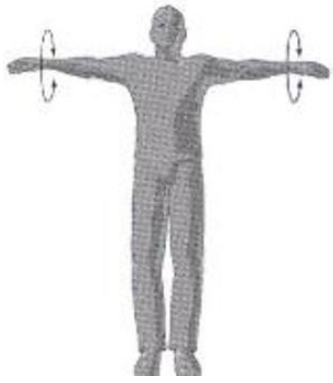
## 2. GENOUX



## 3. BASSIN



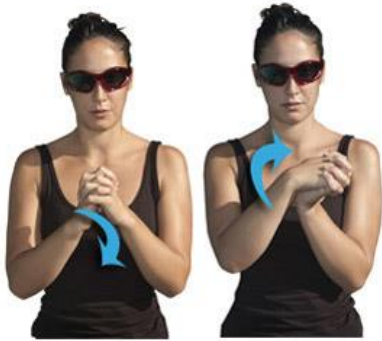
## 4. EPAULES



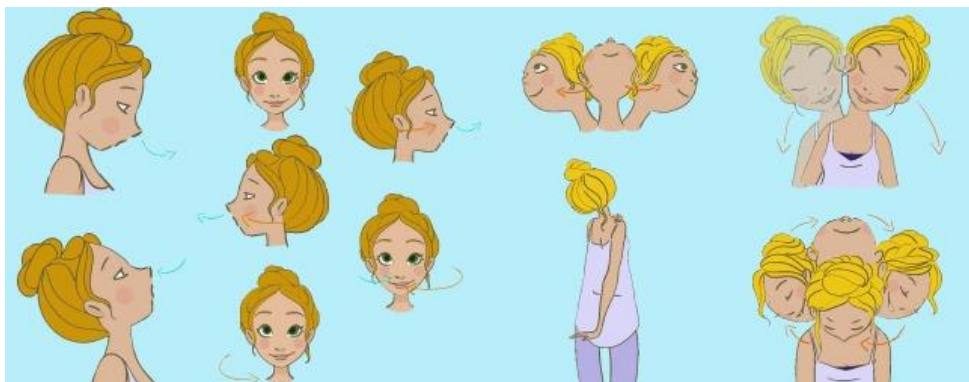
## 5. COUDES



## 6. POIGNETS

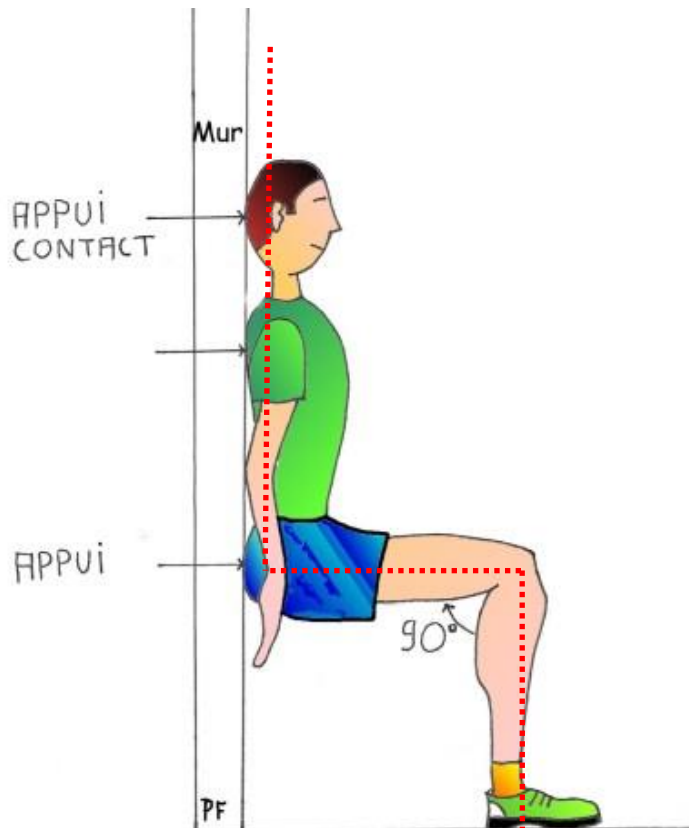


## 7. NUQUE



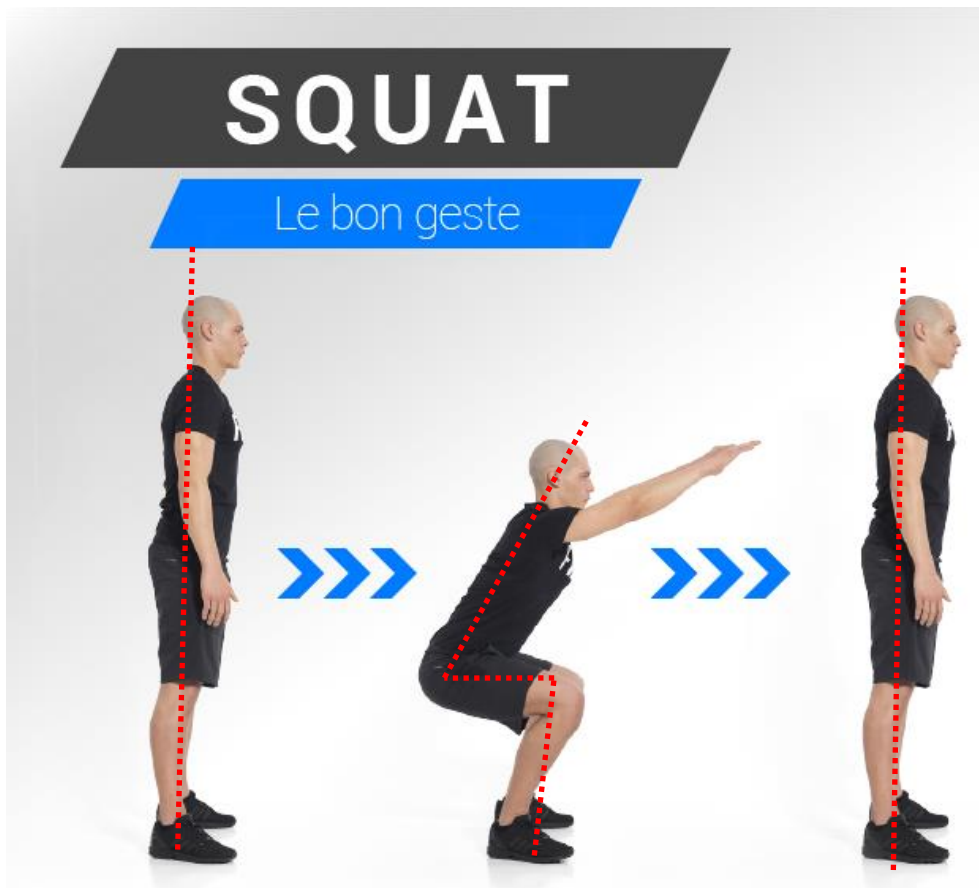
# RENFORCEMENT MUSCULAIRE

## Renforcement des cuisses et placement du dos



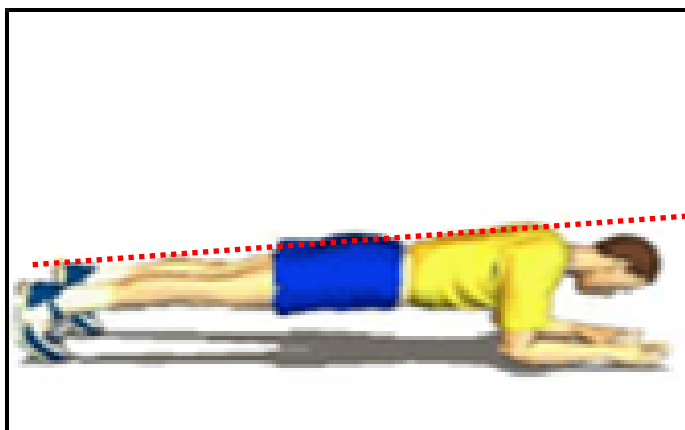
la "Chaise de Killy"

3\* 10secondes

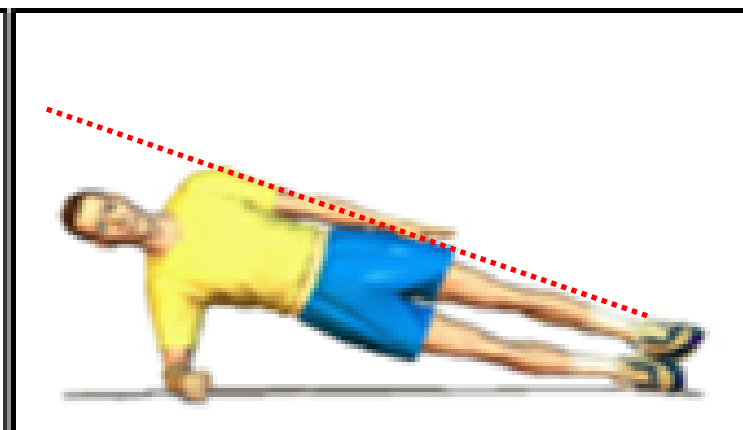


3 \* 5

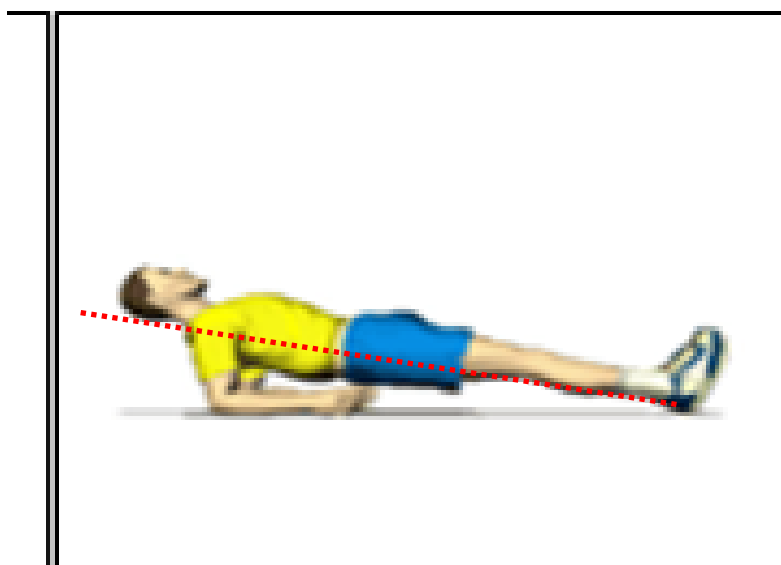
# GAINAGE



15 secondes



15 secondes (chaque côté)



15 secondes

**CONTACT**



- 1
- 2
- 3
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- 6
- 7

Nombre :

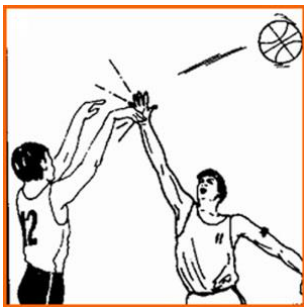
**CONTACT**



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Nombre :

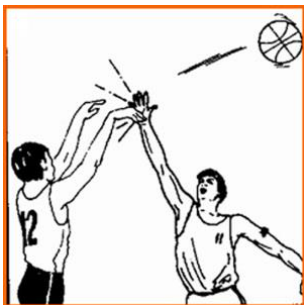
**CONTACT**



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Nombre :

**CONTACT**



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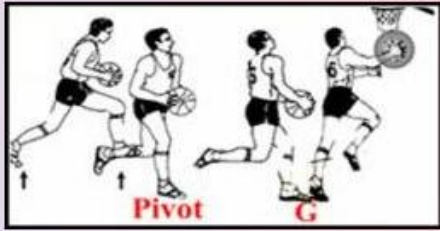
Nombre :

**CONTACT**

**ARBITRE**



**MARCHER**

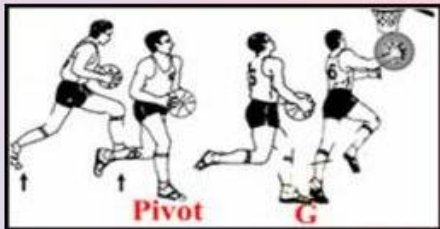


**Le marcher**

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Nombre :

**MARCHER**

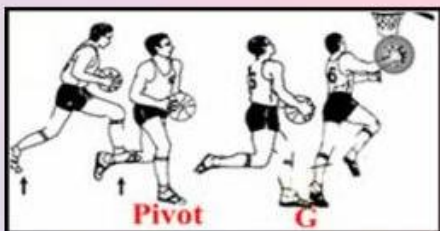


**Le marcher**

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Nombre :

**MARCHER**



**Le marcher**

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Nombre :

**MARCHER**

**ARBITRE**





**Paniers marqués**



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Nombre :

**Paniers marqués**



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Nombre :

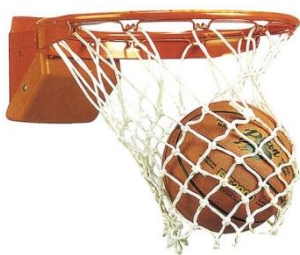
**Paniers marqués**



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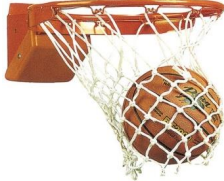

Nombre :



**Paniers marqués**

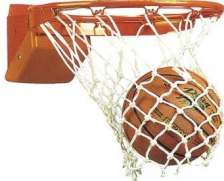



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Nombre :

EQUIPE :		MATCH 1	EQUIPE :	
1 <input type="checkbox"/>	<b>Paniers marqués</b> 		<b>Paniers marqués</b> 	1 <input type="checkbox"/>
2 <input type="checkbox"/>				2 <input type="checkbox"/>
3 <input type="checkbox"/>				3 <input type="checkbox"/>
4 <input type="checkbox"/>				4 <input type="checkbox"/>
5 <input type="checkbox"/>				5 <input type="checkbox"/>
6 <input type="checkbox"/>				6 <input type="checkbox"/>
7 <input type="checkbox"/>				7 <input type="checkbox"/>
Nombre :				Nombre :

EQUIPE :		MATCH 2	EQUIPE :	
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2 <input type="checkbox"/>				2 <input type="checkbox"/>
3 <input type="checkbox"/>				3 <input type="checkbox"/>
4 <input type="checkbox"/>				4 <input type="checkbox"/>
5 <input type="checkbox"/>				5 <input type="checkbox"/>
6 <input type="checkbox"/>				6 <input type="checkbox"/>
7 <input type="checkbox"/>				7 <input type="checkbox"/>
Nombre :				Nombre :

EQUIPE :		MATCH 3	EQUIPE :	
1 <input type="checkbox"/>	<b>Paniers marqués</b> 		<b>Paniers marqués</b> 	1 <input type="checkbox"/>
2 <input type="checkbox"/>				2 <input type="checkbox"/>
3 <input type="checkbox"/>				3 <input type="checkbox"/>
4 <input type="checkbox"/>				4 <input type="checkbox"/>
5 <input type="checkbox"/>				5 <input type="checkbox"/>
6 <input type="checkbox"/>				6 <input type="checkbox"/>
7 <input type="checkbox"/>				7 <input type="checkbox"/>
Nombre :				Nombre :

**REPRISE DE DRIBBLE**



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Nombre :

**REPRISE DE DRIBBLE**



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- 6
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Nombre :

**REPRISE DE DRIBBLE**



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Nombre :

**REPRISE DE DRIBBLE**



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Nombre :

# REPRISE DE DRIBBLE

## ARBITRE

