

# Bates College Basketball Clinics

## *Guard/Perimeter Skill Work*

Presented by the Bates College Men's Basketball program

### June 15<sup>th</sup> – 17<sup>th</sup>, 2009

(Monday-Wednesday)

**Registration:** 5:00 p.m. – 5:30 p.m.

**Clinic:** 5:30 p.m. – 8:30 p.m.

**Pick Up\*:** 8:30 p.m. – 8:45 p.m.

*\*please notify us if you would like to request an early pick up*

**Monday will be the only day for Registration; the clinic will start at 5:00 Tuesday and Wednesday**

**Wednesday will be a half session ending at 6:30; pick up will be between 6:30-6:45.**

This clinic will be geared toward the improvement of fundamental basketball skills for point guards and perimeter/wing players. The sessions will include lectures and stations with a focus on individual offensive skills including dribble money moves and a jab series. It will also include proper footwork techniques, shooting techniques, court vision/awareness and passing. Participants will leave the clinic with a better understanding of the game from their position and an improved 1 on 1 game. The clinic will be directed by Bates Head Men's Basketball Coach Jon Furbush, his coaching staff, and players on the team. All proceeds will support the men's basketball program. Participants will be divided into groups by age and skill level. Space is limited so please sign up early. "Walk ins" will be taken on a first come, first serve basis if there is room in the clinic.

**Where: Bates College Alumni Gym, 130 Central Avenue**

**Who: High School Boys entering Grades 9-12**

**Admission: \$100**

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#### Registration Form

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Statement of Applicants Health:** I certify that the above named individual is medically able to participate in the basketball clinic, and I will assume all responsibility for any medical expenses that may occur as a result of his or her participation in the clinic. I certify that Bates College is in no way liable or responsible for injuries or medical expenses that may occur. I also agree to authorize the directors of the clinic to act for me according to their best judgment in an emergency requiring medical attention.

Signed (parent or guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Mail checks and registration form to:

Jon Furbush      Attn: Summer Skill Clinic  
Bates College Athletic Department  
130 Central Avenue  
Lewiston, ME 04240

*Please make checks payable to Bates College  
Call Coach Jon Furbush at 207.786.6343 with any questions*

