

Bates College Basketball Clinics

Post Player Skill Work

Presented by the Bates College Men's Basketball program

June 17th – 19th, 2009

(Wednesday-Friday)

Registration: 7:00 p.m. – 7:30 p.m.

Clinic: 7:30 p.m. – 9:30 p.m.

Pick Up*: 9:30 p.m. – 9:45 p.m.

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

Wednesday will be the only day for Registration; the clinic will start at 5:00 Thursday and Friday

Thursday and Friday sessions will run from 5:00-8:00 with pickup between 8:00-8:15

Wednesday will be the only half session

This clinic will be geared toward the improvement of fundamental basketball skills for low post players. The sessions will include lectures and stations with a focus on individual offensive skills including post money moves with your back to the basket. It will also include proper footwork techniques, shooting techniques and body control. There will be an emphasis on facing up with a reverse pivot along with using a wide base when posting up. Participants will leave the clinic with a better knowledge of the game from their position and also an improved 1 on 1 game in the post. 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

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*

