



SKILL DEVELOPMENT CLINIC

COBB MIDDLE SCHOOL – December 28-29th

CLINIC DIRECTORS:

Matt Garnett

- Owner / Director MGBasketball Instruction
Assoc. Head Men's Basketball Coach
Texas Wesleyan University



Ron Holmes

Former Hall of Fame College Coach
McMurry University



Clinic Staff will also feature current / former college basketball players

WHO WE ARE

MGBasketball Instruction is an organization that specializes in player development. Director Matt Garnett runs Skill Development Academies throughout the year.

OUR MOTTO IS: "TOUGH, SMART, SKILLED"

We work with committed players who are looking to take their game to the next level. Simply put, we focus on helping players get better. We customize workouts with the foundation of every workout grounded in fundamental basketball principles.

Who: CMS 6th - 8th Grade (Boys / Girls)

Where: Cobb Middle School

When:

Dec. 28 – Session # 1

Girls: 9 – 12 am / Boys: 1 – 4 pm

Dec. 29 – Session # 2

Girls: 9 – 12 am / Boys: 1 – 4 pm

Cost:

Single Session = \$ 50

Both Sessions = \$ 75

REGISTER ONLINE

www.mgbasketball.com

or

REGISTER BY MAIL

(Attached Registration Form)

REGISTRATION FORM – COBB MS WINTER CLINIC

(Registration Deadline – Dec 26th)



Camper Information

Name _____

Address _____

City, State Zip _____

Phone _____

Emergency Contact and Phone number _____

Age _____ Grade 2016-17 _____

School Attending _____

EMAIL ADDRESS: _____ (Required)

December 28th: Session # 1

_____ Girls: 9 am – 12 pm

_____ Boys: 1 pm – 4 pm

December 29th: Session # 2

_____ Girls: 9 am – 12 pm

_____ Boys: 1 pm – 4 pm

Cost: Single Session = \$ 50 / Both Sessions = \$ 75

MAKE CHECKS PAYABLE TO:

MGBASKETBALL

MAIL FORM TO:

MGBASKETBALL

PO BOX 372

ALEDO, TX 76008

Waiver:

I/We as parents or guardians of the above named child, hereby grant permission for him/her to participate in the MGBasketball Instruction sessions and acknowledge the fact that he/she is physically able to participate in camp activities. I/We hereby release the camp and its employees from all claims for illnesses and/or injuries which may be sustained by our child. Furthermore, I/We authorize the director or designee to select hospital facilities and/or physician of choice and authorize treatment of the above named camper on an emergency basis in the event such treatment becomes necessary while attending MGBasketball instruction sessions. MGBasketball will not be responsible for loss or theft of money or personal articles.

Signature of Parent/Guardian _____ **Date:** _____

For more info, contact: mgbinfo@gmail.com / 806-685-8132

Call or email to discuss other training options offered by MGBasketball Instruction