



# MGBASKETBALL SHOOTING CLINIC

Goldthwaite ISD Only

## WHAT TO EXPECT

**MGBasketball** shooting workouts are designed with specific outcomes in mind:

- \* Correct Shooting Mechanics
- \* Game Shooting Footwork
- \* Shooting “Feel”
- \* 100% focused on translating skills into a game setting

## WHY MGBASKETBALL?

All workouts are 100% refundable if you are not completely satisfied with the experience. The workouts will feature practical and detailed teaching based on developing game-applicable skills. Workouts will not feature needless conditioning, and all sessions will feature live “lab” competition.



Former Collegiate Head Coach  
Former NAIA All-American Player

### WHO WE ARE

**MGBasketball Instruction** is an organization that specializes in player development. Director Matt Garnett runs skill development events and coaching clinics throughout the year.

### MGBasketball Shooting Clinic - Goldthwaite

**When:** August 2, 2018

**Where:** Goldthwaite HS Gym

**Time:** Middle School 9 am - 3pm  
High School 3:30 pm - 9:30 pm

**Price:** \$ 75 per athlete

**Who:** Goldthwaite ISD students only

Limited Spots Available

If you have any questions, please contact us: (806) 685-8132  
Register Online at [www.mgbasketball.com](http://www.mgbasketball.com)

### **Shooting Clinic:**

*The areas of shooting mechanics, shooting footwork, and shooting “feel” will be addressed as well as game simulations that seek to help transfer the shooting instruction into the game setting.*

*“Coach Garnett is known for his specific and detailed approach to teaching the game of basketball. He teaches players more than just the skills of the game. He teaches them how to apply those skills into game situations.”*

*- Ron Holmes, Hall of Fame College Coach –  
McMurry University*



# SHOOTING CLINIC

GOLDTHWAITE ISD

Camper Information

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Emergency Contact and Phone number \_\_\_\_\_  
Age \_\_\_\_\_ Grade 2018-19 \_\_\_\_\_  
School Attending \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ (Required)

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Please Check One:

MIDDLE SCHOOL 9 AM – 3 PM \_\_\_\_\_

HIGH SCHOOL 3:30 PM– 9:30 PM \_\_\_\_\_

MAKE CHECKS PAYABLE TO:

MGBASKETBALL

MAIL FORM TO:

MGBASKETBALL  
PO BOX 372  
ALEDO, TX 76008

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**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](mailto:mgbinfo@gmail.com) / 806-685-8132

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