

APPLICATION

Tuition: \$70/participant

All **additional** family members—
\$45/participant

Name of Participant

Name of Parent

Address

City State Zip

Phone

2016-17Grade: _____

Attending (Circle): 9-11:55 a.m. or 1-3:55 p.m.

Shirt size (Circle One):

Youth: 14-16 Adult: S M L XL

Enrollment is limited and will be accepted on a first come, first served basis. Refunds will be made if the clinic is notified by June 16, 2016

Make sure to complete **BOTH** sides of this application.

Co-Directors:

GCC Samson Coach—Dennis Mackey
Lady Samson Coach—Mark Movrich

Staff:

Former, current, and future Samson and Lady Samson players

If you have any questions regarding the Samson and Lady Samson Basketball Clinic or if you have friends that would like a clinic brochure, please contact one of our coaches.



Dennis Mackey: GCC Samson Coach
E4946 Jackson Road
Ironwood, MI 49938
Phone: 906-307-1244
E-mail: DennisM@gogebic.edu

Mark Movrich: GCC Lady Samson Coach
E4946 Jackson Rd
Ironwood, MI 49938
Phone: 906-364-0730
E-mail: Mark.Movrich@gogebic.edu



June 12-15, 2017

**SAMSON AND
LADY SAMSON
BASKETBALL
CLINIC**

About the Clinic

The GCC Samson and Lady Samson Basketball Clinic offers a sound foundation for beginners and a challenge for advanced players. The coaches will help participants with ideas for becoming better players and more disciplined athletes. An energetic staff will give detailed attention to individuals in ball handling, passing, dribbling, defending, rebounding, and shooting. Our coaches will develop an awareness of each player's strengths and weaknesses and work with him/her to become an improved player.

CLINIC HIGHLIGHTS

3-on-3 or 5-on-5 Games Each Day

Fundamental Stations

Drills

Clinic T-shirt

Daily individual contests featuring ball handling and shooting



For Girls and Boys entering



TIMES AND FEES:

June 12-15, 2017

Monday-Thursday

Girls/Boys—Grades 3-6
9 a.m.—11:55 a.m.

Girls/Boys—Grades 7-12
1 p.m.—3:55 p.m.

The cost of the clinic is \$70.

The 2017 Samson and Lady Samson Basketball Clinic will be held at the **Lindquist Student Center** on the campus of Gogebic Community College.

PARENTAL AUTHORIZATION

I hereby authorize the Co-Directors of the Samson and Lady Samson Basketball Clinic to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the clinic from any liability for injuries that occur while participating in this clinic. I also certify that my son or daughter is medically fit to participate in the program.

I can be reached at:

() _____ - _____ or

() _____ - _____

Parent Signature

Date

Please enclose this completed form (both sides) and registration fee payable to **GCC Athletics** and mail to:

Samson and Lady Samson
Basketball Clinic
E4946 Jackson Road
Ironwood, MI 49938