



Santa Monica College Clinic

This 2 day clinic for the dedicated athlete will be led by former All-American and WNBA draftee of the Indiana Fever last year. Lyndsey Medders will teach participants the same skills and fundamentals and essentials that helped her lead the nation in assists in 2005 – 2006 as a four year starter at Iowa State University.

**April 25 – 26, 2008 for
Boys and Girls grades 9 – 12
And college level players**

9 Hours of outstanding instruction for \$100.00!!

PARTICIPANTS WILL WORK ON THE FOLLOWING:

- How to Beat a Defender 1 on 1
- Fast-breaks and Opportunism
- Beating Pressure with Poise
- High intensity court sessions
- Classroom Sessions
- Video analysis
- Evaluation Games

Session 1:	Friday	April 25	6:00 p.m.	-	9:00 p.m.
Session 2:	Saturday	April 26	9:00 a.m.	-	12:00 Noon
Session 3:	Saturday	April 26	1:00 p.m.	-	4:00 p.m.

Register early as space is limited.....Only 60 athletes total!

For more information contact:

Coach Strong (310) 434-3559 or strong_lydia@smc.edu

*\$100.00 –Athlete and Observing Coach’s Fee (no video taping allowed)
\$10.00 - Observer’s Fee (per session)*

www.pointguardcollege.com



SANTA MONICA COLLEGE POINT GUARD CLINIC

Friday – Saturday April 25-26, 2008

Location: Santa Monica College 1900 Pico Blvd Santa Monica CA 90405

Session 1: Friday, April 25 from 6:00pm-9:00pm (Check-in begins at 5:00pm outside Gym)

Session 2: Saturday, April 26 from 9:00am-12:00pm (Lunch on your own)

Session 3: Saturday, April 26 from 1:00pm-4:00pm

What to bring:

- A Basketball, a notebook and pens/pencils
- Your medical card (or a copy - both front and back)

Athletes: \$100.00 (for credit card registration call us at 310 434 3559)

Coaches: There will be a \$100 fee (total) for coaches interested in attending. (No video taping)

Observers: There will be \$10 fee per session for any parent or family member interested in observing.

For credit card registration call us at 310-434-3559

For mail in registration mail check to Coach Strong SMC Athletics 1900 Pico Blvd Santa Monica CA 90405

REGISTRATION FORM:

Name: _____ Gender: M / F Position: _____ Height: _____
Address: _____ City: _____ State: _____ Zip: _____
School: _____ Coach: _____ T shirt Size _____
Parent's Email: _____ Athlete's Email: _____ Tel #: _____
Emergency Contact: _____ Emerg. Contact #: _____ Paid: _____00
Health Insurance Company: _____ Policy #: _____
What level did you play this past year? (circle one) College HS Varsity HS JV HS Freshman Other: _____
Have you attended a summer PGC session before? _____ If so, where and when? _____

WAIVER:

I, the undersigned parent/guardian of the individual named above, do hereby permit _____ to participate in Point Guard College and certify that the Athlete's physical condition is sufficient for full participation in the Point Guard College Clinic. I understand that the Athlete's participation involves an element of risk and danger of accidents. Knowing those risks, I hereby assume those risks. I hereby release and discharge Point Guard College, DE10, LLC, their directors, staff, coaches, heirs and executors from any and all liability resulting from _____'s participation in any aspect of the Clinic. I hereby assume responsibility for any and all costs associated with treatment for any injury or health issue that arises during participation in the Clinic. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release.

Athlete's Name (please print)

Parent/Guardian Name

Date

Athlete's Signature

Parent/Guardian Signature

Date