



CAPE COD **ECLIPSE** TWO DAY

# **CLAIM YOUR GAME!**



## **CLINIC**

PRESENTED BY  
COACH SCOTT PORTER

**July 1-2, 2010**

### **BASKETBALL CLINIC**

at the Horace Mann Charter School in Marstons Mills

10-12pm (ages 10-13) & 12-2pm (ages 13-18)

\$60 for both days or \$35 for one day

**UPTEMPO STYLE OF PLAY**  
**FULL COURT DEFENSIVE PRESSURE**  
**SHARP CUTS AND PASSES**  
**SHOOTING QUICKLY WITH CONTROL**  
**BEING A TRIPLE THREAT**

**BRING OUT THE BEAST IN YOU!**

**Focus of the clinic:** *Learning to play under control in an up-tempo style of play (shooting, passing, and defending in a high-pressured environment that is more common in the bigger city schools). To compete with the stronger teams off-Cape, players must learn to be able to handle, and be able to apply, relentless full court defensive pressure. Making sharper cuts and passes, as well as being able to get your shot off quicker and under control in that environment, is the key to success against those types of teams.*

## COACHES BIOGRAPHY

### **Scott Porter**

-FSU Basketball 1991-1993

(NCAA "Sweet Sixteen" and "Elite Eight" tournament appearances) -2-yrs experience working for Vince Carter (Nike) Basketball Camps -Assistant Varsity Coach, Barnstable High School, 2008-2009  
NCAA / AAU Certified Basketball Coach

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Send form and Nonrefundable Tuition to Cape Cod Eclipse, c/o Scott Porter **17 Capn. Lijahs Rd., Centerville, MA 02632**. You may contact Scott Porter at **capecodeclipse@gmail.com** or call 774-994-2986.

Player's Name \_\_\_\_\_ Player's Email: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name/s \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please enroll my son/daughter in your Clinic; I understand that the Cape Cod Eclipse, Coaches and staff or anyone associated with this clinic will not assume responsibility for accidents and medical or dental expenses incurred as a result of participation in this program. This applicant is covered by our family insurance, is in good health and able to participate in the physical activity of a vigorous program. I, hereby, authorize the program operators to act for me according to their best judgment in any emergency requiring medical attention. I certify that I have insurance for my son/daughter.

**Parent's Signature:** \_\_\_\_\_