

UNIVERSITY OF ROCHESTER  
**GUARD CLINIC**

**GRADES 9-12**

**August 8-9, 2009 9:00 AM - 4:00 PM**

**INSTRUCTION TO INCLUDE:**

**BALL HANDLING**

Using Body  
Protecting Ball  
Developing Off-hand

**PASSING**

Different Passes  
Through Traps  
Feeding the Post

**DEFENSE**

On Ball  
Off Ball  
Vs. Screens  
Double-down on Post

**SCREENING**

Setting Screens  
Using Screens with Dribble  
Using Screens without Ball

**FOOTWORK**

Jump-stop and Pivot  
Defensive Slides  
Off-the-dribble Moves

**SHOOTING**

Foul-shooting  
Off Dribble  
Off Pass

**READING DEFENSES**

Attacking Zones  
Attacking Presses  
Attacking "Junk" Defenses  
Attacking Mismatches

**FAST BREAK**

Receiving Outlet-pass  
Reading the Numbers  
Decision-making

In the last 15 years:

UR has averaged 38% from 3-point range – 5 seasons over 40%  
22 Guards have shot 40%+ from 3-point range for a season

Instruction will be given by UR Head Coach Mike Neer and staff.

Coach Neer was named National Coach of the Year (Division III) in 1990  
by the National Association of Basketball Coaches.

UR teams have appeared in 11 NCAA Tournaments:

National Champions - 1990      National Runner-up - 1992, 2005  
Final Four - 1990, 1992, 2002, 2005      Elite 8 - 1991      Sweet 16 - 1981, 2003, 2004, 2008

**\* \* \* GUARD CLINIC WILL JOIN BIG MAN CLINIC \* \* \***  
**FOR SELECTED DRILLS AND SCRIMMAGES**

**FEE: \$170.00** (T-shirt included - camper to bring own lunch)

# APPLICATION - 2009 - GUARD CLINIC

Name \_\_\_\_\_ Grade (as of 9/09) \_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ School \_\_\_\_\_

**PARENT'S CONSENT** In consideration for allowing my child to participate in the University of Rochester Basketball Camp, I, as his/her parent/guardian, represent and affirm to the University of Rochester that:

\* I understand that participating in athletics and other camp activities involves a risk of injury or other harm.

\* All such risks are being assumed knowingly and voluntarily including but not limited to those associated with travel to and from the camp activities.

\* I will not hold the University, its employees and agents responsible for any injury or other harm that results from participation in the camp, unless the injury or harm is caused intentionally or by gross negligence.

\* My child is in good health and has no physical condition that would prevent him/her from participating in this camp.

**NAME** \_\_\_\_\_

**CAMP TUITION IS \$170**

**SIGNATURE** \_\_\_\_\_

\$50 due with application / nonrefundable

**DATE** \_\_\_\_\_

**IN EMERGENCY CALL:** \_\_\_\_\_

**MAKE CHECK PAYABLE TO:**

University of Rochester Boys' Basketball Camp

Michael Neer, Director  
University of Rochester Basketball Camp  
Goergen Athletic Center  
PO Box 270296  
Rochester, NY 14627-0296  
[michael.neer.rochester.edu](mailto:michael.neer.rochester.edu)

For Information call 585-275-4306

4 FINAL FOURS – NCAA DIVISION III – 1990, 1992,  
2002, 2005  
1990 NATIONAL CHAMPIONS