

LANGHAM CREEK HIGH SCHOOL'S  
LOBO BASKETBALL CAMP  
*Grades 4<sup>th</sup> - 6<sup>th</sup> Only*

*Boys and Girls*

**DATE:** June 7 – 10<sup>th</sup>, 2010  
**TIME:** Monday – Thursday (8:30 - 12:30 pm)  
**COST:** \$60  
**PLACE:** Langham Creek HS

**COACHING STAFF:**  
Charles Ament / Annette Steward  
Harrison Jones  
Krystal Powell  
*Former Lobo Players*

This 2010 camp is geared towards players entering the 4th, 5th, and 6th grades next year. The camp will focus on basic skills and fundamentals. This will be a great opportunity to compete, have fun, and to become a better all-around player.

**INSTRUCTION IN:**

Defensive Footwork  
Shooting Form  
Passing  
Dribbling Drills  
Rebounding/Blocking Out  
Man to Man Defense  
Basketball Rules

**CLINIC FEATURES:**

Camp T-Shirt  
Daily Hustle Award  
Individual Station Work  
Free Throw Contests  
Hot Shot Contests  
3 on 3 strategies and play  
5 on 5 strategies and play  
Certificate of Completion

**\*\*CONCESSION STAND WILL BE AVAILABLE\*\***

**EQUIPMENT NEEDED:**

Wear basketball shoes and usual basketball attire.

**REGISTRATION FORMS AND PAYMENT:** Detach Registration Form below and attach a **\$60.00 check, or money order**. Forms and clinic fee must be mailed in by the **registration deadline, June 3<sup>rd</sup>**. **Please note: We do take registration on day of the camp, but this will not guarantee a t-shirt. Mailing address: Langham Creek High School, Attn: Boy's Basketball Coach Charles Ament, 17610 FM 529, Houston, TX, 77095.**

**\*\*\*\*PLEASE ...Make check or money order payable to Langham Creek High School\*\*\*\***  
**NO CASH ACCEPTED**

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**REGISTRATION FORM**

*(PLEASE PRINT AND FILL IN ALL INFORMATION)*

**CAMPERS NAME:** \_\_\_\_\_

**Adult T-Shirt Size:** (Circle one) S M L XL

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PARENT'S DAYTIME PHONE #** \_\_\_\_\_ **GRADE NEXT YEAR** \_\_\_\_\_

**SCHOOL ATTENDING NEXT YEAR** \_\_\_\_\_

**HEIGHT** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_ **POSITION** \_\_\_\_\_

PARENTAL RELEASE: I hereby authorize the Lobo Basketball Clinic staff to act for me according to their best judgment in any medical emergency and I hereby waive and release this Clinic from any and all liability and injuries or illness incurred by my son attending the Clinic.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_