

LANGHAM CREEK HIGH SCHOOL'S
LOBO BASKETBALL CAMP

Grades 7th - 9th Only

DATE: June 7 – 10th, 2010

TIME: Monday - Thursday (1:30 - 5:30 pm)

COST: \$60

PLACE: Langham Creek HS
Both Gyms

COACHING STAFF:

Annette Steward

Harrison Jones

Krystal Powell

Former Lady Lobo Players

This 2010 camp is geared towards players entering the 7th, 8th, and 9th grades next year. The camp will focus on basic skills and fundamentals. This will be a great opportunity to compete, have fun, become a better all-around player, and have the high school coaches get to know you.

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 3rd**. **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: Girl's Basketball Coach Annette Steward, 17610 FM 529, Houston, TX, 77095.**

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

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 daughter attending the Clinic.

Parent/Guardian Signature: _____ **Date:** _____