



www.westlinngirlsbasketball.com

# 10<sup>th</sup> Annual Lil' Lions Hoop Camp

**WHEN:** (circle your session)

**SESSION I – JUNE 28 – JULY 1, 2010**

Grades: 1<sup>st</sup> – 3<sup>rd</sup>; 9am – 11am

**SESSION II – JUNE 28 – JULY 1, 2010**

Grades: 4<sup>th</sup> – Incoming Frosh; Noon – 3pm

**\*\*\*All Grades as of Sept. '10\*\*\***

**WHERE:**

West Linn High School (Session I and II)

**LIONS CAMP STAFF:**

Glen Lee, Varsity Head Coach / Camp Director  
(TRL Coach of the Year, 2003, 2006 & 2009)

WLHS Coaches & Current / Past WLHS Players

**CAMP FEE:**

Includes a Camp T-shirt & Certificate

**QUESTIONS CONTACT COACH LEE:**

503-449-HOOP or [lee.hoops@gmail.com](mailto:lee.hoops@gmail.com)

**For all your WL H☺☺PS needs check out...**

[www.westlinngirlsbasketball.com](http://www.westlinngirlsbasketball.com)

### Special Areas of Instruction

- *Post Moves & Guard/Wing play*
- *Pivoting / Screening / Passing*
- *Moving without the ball*
- *Defensive Positioning & Schemes*
- *Positive Attitudes & Teamwork*



**Early Bird Special Pre-Registration**

**Due by: April 23<sup>rd</sup> = \$75**

**After** April 23<sup>rd</sup> or/at Door = \$85

*\*\*\*Please email Coach Lee if you plan on paying at the door*

**Checks Payable to:** West Linn Women's BxB

**Send to:** West Linn High School

Attn: Coach Lee

5464 West 'A' Street

West Linn, Oregon 97068

### Registration Form

Player's Name \_\_\_\_\_

Grade Next Fall \_\_\_\_\_ School \_\_\_\_\_

Player's D.O.B: \_\_\_\_\_

Which Session(s) \_\_\_\_\_

Address  \_\_\_\_\_

Phone  \_\_\_\_\_

Parent's Names \_\_\_\_\_

Parents Email  \_\_\_\_\_

*\*to update regarding any last minute changes*

Player Email  \_\_\_\_\_

*\*for monthly news letters to begin August, 2010*

**Youth & Adult T-Shirt Sizes (circle)**

YXL S M L XL

### **WAIVER**

As the legal parent or guardian of the athlete listed above I hereby give the staff of the 2010 West Linn Lion Summer Camps permission to act on my behalf if I can't be reached in any medical emergency. I understand that participation in this camp could lead to any injury to any participant and will not hold the West Linn School District / West Linn High School or any of its coaches responsible for any injury. I understand that neither the school district nor the basketball program have medical insurance for individual participants and agree to provide my own insurance. The specified athlete participating in this program is in good physical condition. *I also understand that there are no refunds from this program for any reason including non-attendance, injury or illness.*

\_\_\_\_\_  
Signature of parent or guardian

In case of emergency, notify:

\_\_\_\_\_  
Phone Number