

# **LOBO BASKETBALL CAMP**

## **Grades 7<sup>th</sup> – 9<sup>th</sup> Only**

**DATE:** June 7<sup>th</sup> – June 9<sup>th</sup>, 2021  
**TIME:** Monday - Wednesday (12:00 - 3:00 pm)  
**COST:** \$60  
**PLACE:** **Langham Creek HS**  
**REQUIRED:** Current Physical on file

**COACHING STAFF:**  
*Annette Steward*  
*Assistant Coaches*  
*Former Lady Lobo Players*

This 2021 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, cash, or money order**. Forms and fee must be mailed in by **May 14<sup>th</sup>**, if not mailed by that date, please register the day of camp, this will eliminate missing or late payments. **We will take registration on day of the camp, everyone will receive a t-shirt.** Mailing address: **Langham Creek High School, Attn: Girls' Basketball Coach Annette Steward, 17610 FM 529, Houston, TX, 77095.**

**\*\*\*\*PLEASE ...Make check or money order payable to Langham Creek High School\*\*\*\*.**

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**REGISTRATION / CONSENT FORM**

***(PLEASE PRINT AND FILL IN ALL INFORMATION)***

**CFISD Parent or Guardian Athletic Participation Consent**

**Student's Name:** \_\_\_\_\_ **Grade level next year:** \_\_\_\_\_

**Campus next year:** \_\_\_\_\_ **HIGH SCHOOL YOU WILL ATTEND:** \_\_\_\_\_

I hereby give my consent for the above named student to participate in school activities including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurances coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative.

**DATE:** \_\_\_\_\_ **NAME OF GUARDIAN:** \_\_\_\_\_

**SIGNATURE OF GUARDIAN:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **CITY, STATE and ZIP:** \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF EMERGENCY:** \_\_\_\_\_

**RELATIONSHIP TO ATHLETE:** \_\_\_\_\_ **EMERGENCY PHONE #:** \_\_\_\_\_

**T-SHIRT SIZE (Adult sizes):** S M L XL