



**TRAINING POSSIBILITIES — BASKETBALLFIT CLINIC**



*presented by*

**LAS LOMAS**

**ATHLETIC  BOOSTERS**

**& Las Lomas Girls Basketball**

**VISION - COMMUNICATION - ACTION**

The Las Lomas Girls Summer Basketball Sessions are for all players of all skill levels that want to improve their game. Working with each player at their own pace, we will instruct them on the basics and advanced skill sets to help prepare them for the next level. **The clinics will be held at the Las Lomas High School gym.**

***All profits will benefit Las Lomas Girls Basketball***

**June 13<sup>th</sup> – June 15<sup>th</sup>** Open to 5<sup>th</sup> – 8<sup>th</sup> graders. 5 pm to 8 pm. \$190 per session

Session 1: Building an Athletic Motor:  
Strength Building Exercises-----Endurance Drills-----Critical Thinking-----Scrimmage

**June 20<sup>th</sup> – June 22<sup>nd</sup>** Open to 5<sup>th</sup> – 8<sup>th</sup> graders. 5 pm – 8 pm. \$190 per session

Session 2: Learning to Play Fast:  
Defensive Foot Movements-----Offensive Foot Movements-----Critical Thinking----- Scrimmage

**June 23<sup>rd</sup>, July 14<sup>th</sup> & July 21<sup>st</sup>** Open to all ages. 9 am – 11 am. \$60 each session

Sessions 3/4/5: Skills Work: Shooting Skills-----Rebounding

Make checks payable to “Las Lomas Boosters - Girls Basketball Camp”.  
Mail check and form to “Las Lomas Girls Basketball Camp”, 1460 South Main Street, Walnut Creek CA 94598.

For questions contact Coach Marvin Delos Santos, [marvind601@yahoo.com](mailto:marvind601@yahoo.com) or [Basketballfitt.com](http://Basketballfitt.com)

NAME: \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ City and Zip: \_\_\_\_\_  
 Parent/Guardian name/address: \_\_\_\_\_  
 Email: (used for confirmation of sign up) \_\_\_\_\_

Session 1: **June 13<sup>th</sup> – June 15<sup>th</sup> 5-8pm** \_\_\_\_\_ Session 2: **June 20<sup>th</sup> – June 22<sup>nd</sup> 5-8pm** \_\_\_\_\_

Session 3: **June 23<sup>th</sup> 9-11am** \_\_\_\_\_ Session 4: **July 14<sup>th</sup> 9-11am** \_\_\_\_\_ Session 5: **July 21<sup>st</sup> 9-11am** \_\_\_\_\_

**EMERGENCY INFORMATION:**

**Each participant must fill out all the following information and have a legal guardian's signature BEFORE they can participate!**

**In the event of illness or injury, notify the following person(s) if the parent cannot be reached.**

**Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Family physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Insurance:** \_\_\_\_\_

**Special medical problems:** \_\_\_\_\_

**My child, \_\_\_\_\_, has my permission to participate in the Las Lomas Girls Basketball Camp. I release the Las Lomas Boosters Club, Inc., The Acalanes Union High School District, the Las Lomas Girls Basketball Camp, its instructors and assistants from any liability arising from my child's participation in said program. I understand this sport involves an inherent risk of bodily injury. I understand, acknowledge and agree that the Las Lomas Boosters Club, Inc., the Acalanes Union High School District, Las Lomas Girls Basketball Camp, their employees, officers, agents, or volunteers shall not be liable for any injury or illness suffered by my child, which is incident to and/or associated with preparing for and/or participating in said program. I understand that I hold its officers, agents and employees harmless from any and all liability or claims, which may arise as a result of my or my child's participation in said programs. I understand that the Las Lomas Boosters Club, Inc., The Acalanes Union High School District, the Las Lomas Girls Basketball Camp do not provide health and medical insurance for the participants. Consent is hereby given to the instructors and/or coordinators to seek aid if required in the case of emergency. I/we have read and give our consent to authorize Emergency Medical Care for my child.**

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**Parent/Guardian Signature**

**Date**