BRAVES BASKETBALL



2022 SPRING SKILLS CAMPS

April 30 & May 7 @ Lompoc H.S.

Grades 3-4: 8:30am - 9:30am in LHS Gym

Grades 5-6: 9:40am - 10:40am in LHS Gym

Grades 7-8: 10:50-11:50am in LHS Gym

Cost (includes T-shirt): Cash or Check, Mail-in (by 4/22) or Walk-up \$30 = 1 Camp, \$50 = Both Camps

Both Boys AND Girls invited to camp

Each camp is coached by the Lompoc boys basketball staff and players, and is designed for all players who want to improve their skills and have fun in the process. Camp sessions are as follows:

- -- April 30: Shooting & Scoring Fundamentals
- -- May 7: Ball Handling & Attacking Fundamentals

Make checks payable to: Lompoc Boys Basketball

Contact: Director of Sport & Camp Director

Sam Milhous: (559) 246-7626

Mail-in postmarked by 4/22 Please send all payments to:

Lampac High School Athletics

milhous.samuel@lusd.org	515 W College Ave, Lompoc, CA 93435		
	Please Detach with	Payment	
Camper Name:	School:	Grade (2021-2022):	
T-shirt Size: YS: YM: YL:	AS: AM:	_ AL: AXL:	
Parent(s)/Guardian(s):	/	Cell(s):/	
Email(s):	/		
Clinics Attending: Both: , A p	oril 30 Only:, M	Iay 7 Only:	
previous 24 months, either directly or indirectly initial date of enrollment. This includes this car With my signature below, I hereby waive any c	with school "B" prior to enrolle mp, clinic, AAU, club team, and/ claims against the Lompoc Unife	to School "B" after having prior contact, during the ment shall not be eligible at School "B" for 365 days for workouts. The school District, its agents or employees for any in the school District, its agents or employees for any in the school District, its agents or employees for any in the school District, its agents or employees for any in the school District, its agents or employees for any in the school District, its agents or employees for any in the school District, its agents or employees for any in the school District, its agents or employees for any in the school "B" after having prior contact, during the school "B" for 365 days in	injuries

which might be sustained in connection with this program. I understand that there is no medical payment that I, or my child, may incur if I, or my child, are injured during the course of play. Furthermore, I agree to abide by all of the rules and regulations set forth in this program and will conduct myself in a sportsmanlike manner.

PARENT/GUARDIAN SIGNATURE(S):	