

Coach Billy Lee &

St. Andrews
PRESBYTERIAN COLLEGE

are proud to host the 1st Annual

Dates:

**June 19-21,
2006**

Location:

**Campus of
St. Andrews
Presbyterian
College**

Laurinburg, NC

**3 Action-
Packed Days
of Fun &
Excitement!**



**INDIVIDUAL
DEVELOPMENT
BASKETBALL
SCHOOL**

For: **Boys & Girls
Ages 8 and Up**

About Coach Lee:

- Over 400 career wins
- NCAA Division I head coach for 18 years at Campbell Univ. before coming to SAPC
- 5-time Coach of the Year in 3 different conferences
- Has served on the USA Basketball Committee and the NCAA Regional Advisory Committee
- Has been featured on ESPN, ABC, CBS, and NBC and featured in Sports Illustrated and national newspapers
- Published author
- <http://www.billylee.org>

Individual Development Basketball School

The **Individual Development Basketball School** is designed to improve the fundamental skills of the game of basketball. Focus will be on offensive techniques, such as ball handling, shooting, and passing. In addition, defensive techniques, such as stance, slides, and rebounding, will be stressed. Our experienced coaching staff will ensure the camper will be as good as he/she can be!

What to bring:

Gym clothes for 3 days, Basketball shoes, Bedding (pillow, sheets etc.), Swimsuit, Toiletries, Towels, Spending money
A concession stand will be available each day and pizza delivery each night.



Costs:

Day Campers: \$125.00

Deposit:

A \$30 per camper deposit is required by May 15, 2006. Please mail application and check payable to:

Coach Billy Lee

Mailing Address:
St. Andrews Presbyterian College
1700 Dogwood Mile
Laurinburg, NC 28352

Camp Schedule:

| | | |
|----------|---|-----------------------|
| June 19: | 12:30 pm 1:00 – 3:00 pm | Check-in Camp |
| June 20: | 9:00 am – 12:00 pm 12:00 pm 1:00 pm – 3:00 pm | Camp Lunch Camp |
| June 21: | 9:00 am – 12:00 pm 12:00 pm | Camp Check-out |



St. Andrews Presbyterian College's



Individual Development Basketball School

Name _____ Age _____
 Address _____ City _____ St _____ Zip _____
 Parents Name(s) _____ Phone _____
 School Name _____ Coach's name _____
 Roommate Preference _____ T-Shirt size S M L XL XXL

Parents, Please complete this section:

I certify that the above applicant is in good health and may participate in the full camp program. I am including a list of allergies and/or medication sensitivities (especially penicillin) and other vital medical information, if applicable. By my signature below, I hereby authorize the Individual Development Basketball School physician to proceed with any emergency medical treatment (X-Rays, anesthesia, surgical operations, etc.) in case of an accident or health emergency involving my son or daughter. It is my understanding that the Individual Development Basketball School director will contact a designated individual or me as soon as possible if a medical emergency situation arises (required by insurance and area hospitals). I acknowledge that my son or daughter is applying to the Individual Development Basketball School and give my approval via this application and to the previous stated above.

Parent's signature _____ Date _____
 Day phone _____ Night phone _____

Waiver Statements:

All Individual Development Basketball School campers must have their own medical coverage. The camp provides additional coverage only after the camper's insurance policy has been utilized. Campers will not be allowed to participate in camp activities unless the following information is submitted and the form signed by the parents and/or guardian of the camper.

Campers Insurance Company _____
 Company address and phone _____ pol. # _____

I/We the undersigned, hereby certify that I am/ we are the parent(s) or legal guardian(s) of the camper. I hereby grant permission to the Individual Development Basketball School staffers to seek and allow appropriate medical attention to be administered to my son or daughter in the event of accident, injury, or illness. I am responsible for all expenses pertaining to medical attention and treatment, except for expenses covered by the Individual Development Basketball School's additional medical coverage policy.

Signed _____ Date _____
 Signed _____ Date _____

Physician Acknowledgment:

This certifies that the camper above is physically qualified to attend the St. Andrews' Individual Development Basketball School.

Physician's Signature _____

Note: A note from a physician confirming a camper's physical qualification may be used in lieu of the application form, and may be submitted at a later date. No camper will be allowed to participate in camp activities without a physician's signed permission. All physicals must be conducted within one year of camp attendance.

Application and Deposit:

Applications and a non-refundable \$30 deposit per camper must be received by May 15, 2006. Balance is due May 31, 2006. Make Checks payable to Coach Billy Lee, 1700 Dogwood Mile, Laurinburg, NC 28352. (Time extensions available by request. Call 910-277-5420 or 910-610-2087)
 Enrollment is Limited!!! Apply Early!!! Hope to see you there!!!