

Coach Billy Lee and  
St. Andrews  
PRESBYTERIAN COLLEGE  
are proud to host

Dates:

**Team Camp 1:  
June 11-14,  
2006**

**Team Camp 2:  
June 15-18,  
2006**

Location:

**Campus of  
St. Andrews  
Presbyterian  
College**

**Laurinburg, NC**



**SUMMER  
HOOPIN'  
@ S.A.P.C.  
2006**

For:

**Varsity, Jr. Varsity, & Middle  
School BOYS**

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>

**Summer Hoopin'@  
SAPC Team Camp**

The **Summer Hoopin' @ SAPC** Team Camp is designed to improve the basketball skills and to promote the enjoyment of varsity, junior varsity, and middle school basketball among student athletes. Upper and lower varsity leagues will be offered at the camp.

Over a four-day period, each team will play a guaranteed twelve (or more) competitive games. Basic skills stations will be offered in the mornings for additional training on rebounding, ball handling, defense, and team attitude. Coaching clinics will be held with Head Coach Billy Lee for attending coaches.

What to bring:

Campers should bring the following:

*Gym clothes for 4 days*

*Basketball shoes*

*Bedding: pillow, sheets etc.*

*Toiletries/towels*

*Swimsuit*

*Spending money*

\*\*There will be a concession stand daily and pizza delivery available each night.



Costs:

*Day Campers:* \$115

*Overnight Campers:* \$190 (\$25 for lost keys). Fee includes air-conditioned dorms, three meals per day, t-shirt, and use of the St. Andrews athletic facility.

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

When to arrive:

Check in will take place in the St. Andrews Belk Center from 12 noon until 1:30 pm. A camp meeting will take place at 2 pm, and games will begin immediately following the meeting. The first camp meal will be served at 6pm. Camp checkout will be after lunch on the last day of camp.

**A hospitality room for coaches will be available each evening.**



# St. Andrews Presbyterian College's Summer Hoopin' @ SAPC



## Boys Team Camp

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

I will be a:                      Day Camper                                      Overnight Camper

### 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 Summer Hoopin' camp 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. It is my understanding that the Summer Hoopin' 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 daughter is applying to the Summer Hoopin' camp and give my approval via this application and to the previous stated above.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Day phone \_\_\_\_\_ Night phone \_\_\_\_\_

### Waiver Statements:

All Summer Hoopin' 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 Summer Hoopin' staffers to seek and allow appropriate medical attention to be administered to my camper 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 Summer Hoopin' camp'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 **Summer Hoopin'** Boys Team Camp.

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!!!