

**PLEASE READ INFORMED
CONSENT AND RELEASE
AUTHORIZATION:**

I, the parent/guardian of the child whose name appears above, hereby authorize my child to participate in the program listed above. I agree to indemnify and hold harmless the Lancaster Basketball Staff, Lancaster High School, its employees, students and volunteers from and against any and all liability for injury or damages which may result from his participation in the above mentioned activity. I also agree that the coaching staff may act as best fits the situation in case of an emergency, if efforts to contact myself or other emergency persons fail.

**I HAVE READ, UNDERSTAND AND AGREE TO THE
CONSENT AND RELEASE AUTHORIZATION.**

PARENT SIGNATURE:

DATE: ____/____/____

Emergency, contact:

Phone: () _____ - _____

Med. Insurance. Co:

Policy #: _____ Exp. _____

Policy Holder's Name:

Hospital Phone #:

Primary Care Physician:

Dental Insurance. Co:

Policy #:

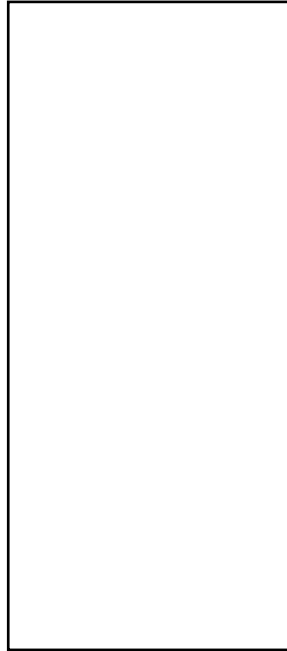
Exp. _____

Policy Holder's Name:

Office Phone #:

Dr.'s Name:

Any medical conditions that we should be aware of:



LANCASTER BASKETBALL
1312 Granville Pike
Lancaster, OH 43130

LANCASTER BASKETBALL



1st Annual
**WINTER
SKILL DEVELOPMENT
ACADEMY**
For Boys in Grades 5-8

WHEN:

JANUARY 9	9-11 AM
FEBRUARY 6	9-11 AM
FEBRUARY 13	9-11 AM

WHERE:

Lancaster High School Gym

Purpose

The purpose of our skill development academy is to utilize our high school staff and varsity players to introduce young players in the area to the Lancaster System and Philosophy - and to help prepare them for future success in both basketball and life.

My full intent when creating our developmental programs back in 1992, was to create an environment where each player involved could learn fundamentally sound skill sets and improve through instructional clinics and competitive play.

This program also provides a valuable experience for our high school players who will be working with your kids in a very low player/coach ratio. Having the opportunity to give back to the community, experiencing 'firsthand' some of what goes into coaching and teaching, and feeling what it is like to be a true 'role model', is very important in their development as young adults.

Emphasis will be placed on the development of the following skill sets:

- **Strong individual offensive skill sets**
- **Shot selection and ball handling development**
- **Effective movement without the ball through the utilization of screening and cutting**
- **Recognition of defensive positioning and the ability to "read" the defense**
- **Defensive Principles:**
 - ◊ **Individual defensive fundamentals**
 - ◊ **Help-side defensive**
 - ◊ **Team defensive principles**

Also stressed will be the foundational skills of good listening, enthusiasm, intensity, sportsmanship and positive mental and physical "stance". These skills will be taught in an individual and 3 on 3 format.

Staff



JOE HITES

L.H.S. Head Boys Basketball Coach

Coach Hites has directed and worked as a clinic speaker at over 125 basketball camps in the past 23 years. He will be assisted by his staff and high school players to ensure the highest quality individual instruction.

Features

- **BASKETBALL**
 - ◊ Blue/Gold Outdoor Ball
- **T-Shirt**
- **4 Instructional Sessions**

Cost: \$40

Make checks payable to:

LANCASTER BASKETBALL
Lancaster High School, 1312 Granville Pike,
Lancaster, OH 43130

LANCASTER BASKETBALL SKILL DEVELOPMENT ACADEMY REGISTRATION FORM

Name: _____
School: _____
Grd. in 9/09: ____ Birth Date: ____/____/____
T-Shirt: YM YL AS AM AL AXL
Address: _____
City: _____ State: OH
Zip: _____
Home Phone: () ____ - ____
Email: _____
Mom's Name: _____
Work Phone: () ____ - ____
Cell: () ____ - ____
Dad's Name: _____
Work Phone: () ____ - ____
Cell: () ____ - ____

ACKNOWLEDGMENT OF TIME DONATION

Please Initial if you can or cannot help. **Only initial if you plan on fulfilling your donation since "NO-SHOWS" are more of an inconvenience and actually hurt our fund raising efforts more than not signing up at all. Questions? Call Coach Hites 740-681-7559

_____ **YES** I am willing to donate **ONE** 2 hour shift of my time to working in the Lancaster Snack Bar during a scheduled event. I understand that I may be scheduled on either one home basketball game night or on one other event during the 2010-11 school year. I also understand that this donation helps to support the entire athletic program at Lancaster High School (as well as the boys basketball program specifically) and is very much appreciated by the PLAYERS, COACHES and PARENTS.

_____ **NO** I am unable to assist.