



MOUNT LEBANON GIRLS BASKETBALL CAMPS

DIRECTOR: COACH MARK WALSH

MOUNT LEBANON VARSITY GIRLS BASKETBALL



LOCATION: Mount Lebanon High School 7 Horsman Dive Pittsburgh PA 15228

Camp #1 Girls Grades K-1st-2nd (Fall of 2024) August 6-7-8 9:00am to 10:15am

Camp #2 Girls Grades 3rd and 4th (Fall of 2024) August 6-7-8 10:30am to 12:00pm

Camp #3 Girls Grades 5th to 8th (Fall of 2024) August 6-7-8 12:30pm to 2:45pm

CAMP FEATURES 3rd through 8th Grade (Fall of 2024)



Individual/Team Competition



Skill Development Sessions



3 on 3 Games



Free Throw Contest



Knockout Games



Lay-up Contest

CAMP FEATURES K to 2nd (Fall of 2024)

The K-1ST-2ND camp will be a beginner skill development camp teaching dribbling, passing, catching, pivoting, and shooting (early stages).

Make Checks Payable To: Blue Devil Club

Mail Check / Application To: Coach Mark Walsh
4605 West Brightview Avenue Pittsburgh PA. 15227

DETACH AND MAIL IN

2024 MOUNT LEBANON GIRLS DAY CAMP APPLICATION (one child per application)

NAME _____ ADDRESS _____

CITY _____ ZIP _____ GRADE FALL 2024 _____ SCHOOL/SCHOOL DIST. _____

Parent/Guardian #1 Name _____ Cell _____

Parent/Guardian #2 Name _____ Cell _____

EMAIL ADDRESS _____

____ Camp #1 Girls Grades K-1st-2nd (Fall of 2024) August 6-7-8 9:00am to 10:15am \$40

____ Camp #2 Girls Grades 3rd and 4th (Fall of 2024) August 6-7-8 10:30am to 12:00pm \$50

____ Camp #3 Girls Grades 5th to 8th (Fall of 2024) August 6-7-8 12:30pm to 2:45pm \$60

PARENT/GUARDIAN: I/WE APPROVE OF MY/OUR DAUGHTER'S ATTENDANCE AT THE MOUNT LEBANON BASKETBALL CAMP AND CERTIFY THAT SHE IS IN GOOD HEALTH AND ABLE TO PARTAKE IN THE PROGRAMS ACTIVITIES. I/WE AUTHORIZE THE DIRECTORS TO ACT FOR ME / US ACCORDING TO THEIR BEST JUDGMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION FOR WHICH SERVICES I / WE WILL GLADLY PAY. I / WE HEREBY WAIVE AND RELEASE MOUNT LEBANON HS AND COACH MARK WALSH AND THE BASKETBALL CAMPS DIRECTORS, ASSISTANT DIRECTORS, INSTRUCTORS, ASSISTANT INSTRUCTORS, COACHES OR STAFF FROM ANY AND ALL LIABILITY.

PARENT SIGNATURE _____ DATE _____