



**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-1<sup>st</sup>-2<sup>nd</sup> (Fall of 2024) August 6-7-8 9:00am to 10:15am

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

Camp #3 Girls Grades 5<sup>th</sup> to 8<sup>th</sup> (Fall of 2024) August 6-7-8 12:30pm to 3:00pm

**CAMP FEATURES 3<sup>rd</sup> through 8<sup>th</sup> 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 2<sup>nd</sup> (Fall of 2024)**

The K-1<sup>ST</sup>-2<sup>ND</sup> 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-1<sup>st</sup>-2<sup>nd</sup> (Fall of 2024) August 6-7-8 9:00am to 10:15am \$40

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

\_\_\_\_\_ Camp #3 Girls Grades 5<sup>th</sup> to 8<sup>th</sup> (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 \_\_\_\_\_