

LIBERTY BASKETBALL

PLAY TO THE STRENGTH OF THE  
**TEAM**

FLAMES BASKETBALL CAMP  
1971 UNIVERSITY BLVD.  
LYNCHBURG, VA 24502

FLAMES  
**BASKETBALL**  
ELITE CAMP 2013

JUNE 14-15



# FLAMES BASKETBALL ELITE CAMP

## JUNE 14-15

### TUITION

**\$125.00 Overnight Camper**  
**\$85.00 Commuter Camper**

(1 day rates are \$55. Food will be included)  
 (Housing will NOT be provided for commuter campers)

Flames Basketball Camp will not arrange any pick-up or drop off to or from the airport / bus station. All travel arrangements will be the responsibility of the camper.

### ELIGIBILITY

High School Soph. - Graduated High School Seniors

Open to any and all entrants, limited only by grade, age, and gender.

### HOUSING

All campers will be housed in air conditioned campus dorms. Campers will stay 2-3 per room. Showers and bathroom facilities are located on each hall. All campers will be responsible for bringing their own linens for a twin size bed.

All meals will be served in the Reber-Thomas Dining Hall, buffet style by Sodexo Food Services.

### IMPORTANT INFO

No refunds will be given after June 4. No exceptions.

A certified athletic trainer will be on site for the duration of camp. Flames Basketball Camp does not provide medical coverage. Each camper must provide personal insurance coverage.

## COACHING STAFF



### DALE LAYER HEAD COACH

**20 YEARS EXPERIENCE AS A HEAD COACH**

**6 POST SEASON APPEARANCES**

**24 PLAYERS IN THE PROS**

**3 NBA FIRST ROUND DRAFT PICKS**

**100% GRADUATION RATE OF SENIORS**

**2011 BIG SOUTH COACH OF THE YEAR**

**2013 BIG SOUTH CHAMPS**



Brian Joyce



Vince Walden



Matt Clinger

## WHAT IS ELITE CAMP?

A 24-HOUR EXPERIENCE OF THE LIFE OF A FULL-TIME DIVISION 1 STUDENT ATHLETE

DAILY PLAYER CLINICS INCLUDING GUARD AND POST BREAKDOWNS AS WELL AS SPEED & AGILITY SESSIONS

STATE OF THE ART BASKETBALL FACILITIES VINES CENTER, SCHILLING CENTER AND LAHAYE STUDENT CENTER

INSTRUCTION FROM LIBERTY COACHING STAFF, CURRENT AND FORMER PLAYERS, & SPECIAL GUESTS

OFFICIAL LIBERTY NIKE BASKETBALL CAMP T-SHIRT ALONG WITH INDIVIDUAL NIKE CAMP AWARDS

### PAST GUESTS INCLUDE:

DANNY GRANGER, *Indiana Pacers*  
 BILL PETERSON, *Milwaukee Bucks Assistant Coach*  
 MIKE LEE, *Skill Development Professional*  
 BRUCE KREUTZER, *Player Development NBA D-League*

### CAMP INFORMATION

#### FRIDAY

11:00 AM.....REGISTRATION  
 1:00 PM.....CAMP BEGINS  
 2:00 PM.....CLINIC 1  
 3:30 PM.....CLINIC 2  
 5:30 PM.....DINNER  
 7:00 PM.....CLINIC 3  
 8:00 PM.....5 ON 5 GAMES  
 1:00 PM.....DISMISS  
 11:45 PM.....LIGHTS OUT

#### SATURDAY

7:45 AM.....BREAKFAST  
 9:00 AM.....CLINIC 4  
 10:00 AM.....POST-GUARDS  
 11:10 AM.....CLINIC 5  
 12:00 PM.....LUNCH  
 1:45 PM.....CLINIC 6  
 2:30 PM.....5 ON 5 GAMES  
 3:45 PM.....AWARDS  
 4:00 PM.....CAMP ENDS

### SPACE IS LIMITED

SPOTS WILL ONLY BE RESERVED WITH COMPLETED REGISTRATION FORM AND PAYMENT.

NAME \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ POSITION \_\_\_\_\_ GRADE (FALL) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ @ \_\_\_\_\_ FACEBOOK Y N TWITTER \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ COACH \_\_\_\_\_ PHONE \_\_\_\_\_

AAU TEAM \_\_\_\_\_ COACH \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY HOLDER \_\_\_\_\_ POLICY / GROUP # \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

Consent to Treat and Release

I hereby give permission to Liberty University and Flames Basketball Camp, its officers, employees, agents, trainers, or staff members to take whatever action is necessary for the health and welfare of my child including consenting on my behalf to any and all medical treatments, procedures, operations, and/or hospitalization. I further agree to hold them harmless and indemnify them for all medical bills incurred for the treatment of my child. I understand that basketball is a very physical sport that can result in serious injury. I hold Liberty University and Flames Basketball Camp, its officers, employees, agents, trainers or staff members harmless and hereby release them from liability for any injury to my child while attending the camp.

Parent/ Guardian (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN COMPLETED FORM AND PAYMENT TO: FLAMES BASKETBALL CAMPS | 1971 UNIVERSITY BLVD | LYNCHBURG, VA 24502

\* please make checks payable to Flames Basketball Camp

REGISTER TODAY >>>> WWW.LIBERTYBASKETBALLCAMP.COM QUESTIONS? 434-582-2337 LUBASKETBALL@LIBERTY.EDU