

# **Valley Catholic Boys' Basketball Camp**

## **Camp Director**

Jeff Gallagher was named the west Valley League Co-Coach of the year and Oregon's 3A State Coach of the Year in 2007. That same year Valley Catholic won the 3A state championship.

As a player at Pacific University (Forest Grove, OR), Jeff helped lead the Boxers to their first ever NCAA National Tournament berth as the starting point guard in 2000. He has spent the last eight seasons as the head coach at Valley Catholic, and is the school's record holder in all time wins. Prior to graduating from Pacific, Jeff spent two years playing at Skagit Valley College in Mt. Vernon, and played for his father (Larry) at Bremerton High School in Bremerton, Washington.

## **Camp Staff**

Larry Gallagher—Larry was the head coach at Bremerton High School (Washington) from 1988-1998 and again from 2004-2005. While at Bremerton his team won three Olympic League titles, and participated in the post-season six times.

## **Valley Catholic Players**

The camp will also be staffed by a number of returning varsity players.

## **Camp Highlights**

- Valley Catholic Camp t-shirt
- Individual player evaluation sheet
- 3 on 3, free throw, ball handling, and shooting competitions
- 1 on 1 individual instruction from experienced coaches and players
- Guest speakers: coaches from local colleges and high schools and current college players
- Strong focus on fundamental skill work, and individual drills to help you improve
- Campers will be grouped with others in their same age/skill range

## **Camp Location**

Valley Catholic High School Gymnasium. Valley Catholic is located off the corner of T.V. Highway and Murray Blvd. Maps available at: [www.valleycatholic.org](http://www.valleycatholic.org)

## **Cost & Eligibility Requirements**

\$110 fee (No Refunds).  
Open to boys in grades 2-8 (Fall 2010).

## **To Register**

Fill out the following registration form, sign the release form, and return it to Valley Catholic with the registration fee to:

Valley Catholic High School  
Attn: Jeff Gallagher  
4275 SW 148th Ave.  
Beaverton, Oregon 97007

Registration will also be accepted at the door the first day of camp; however, please reserve your sport by phone or e-mail.

## **For More Information**

Jeff Gallagher  
503-520-4720  
[jgallagher@valleycatholic.org](mailto:jgallagher@valleycatholic.org)

## ***Basketball Registration Form Boys' Summer Camp Valley Catholic High School***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

School Attending: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

T-shirt Size (50/50 Cotton/Poly)

Circle Size:

Youth:            Sm    Med    Lg    X-Lg

Adult:            Sm    Med    Lg    X-Lg

Camp is held:

June 14-17, 2010

Grades 2-8    9 a.m.– Noon

Registration Fee: \$110

Please make check payable to:

Jeff Gallagher

Mail to:

Valley Catholic School

Attn: Jeff Gallagher

4275 SW 148th Ave.

Beaverton, Oregon 97007

**Medical Consent and  
Release of Liability Form**

We, the undersigned parents or guardians, hereby grant permission for our son, \_\_\_\_\_ to participate in the Valley Catholic Boys' Basketball Camp. In consideration of being permitted to use the facilities, I hereby release said Valley Catholic School and its trustees, administrators, and employees from any and all liability for any damage or injury that any participant or my son may receive while on the premises of said school, both as to any right of action that may accrue to myself, my heirs and personal representative. This release includes all claims, demands, rights, and causes of whatsoever kind of nature, arising from, and by reason of, any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, that hereafter may be sustained.

It is further understood and agreed that, I hereby authorize VALLEY CATHOLIC BASKETBALL CAMP and its employees to secure the necessary services for my child in the event of an accident or illness. Further, I will be solely responsible for the payment of those services.

The Participant has liability insurance with

Policy # \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Dr. Phone Number: \_\_\_\_\_

Signed \_\_\_\_\_

(Parent/Guardian)

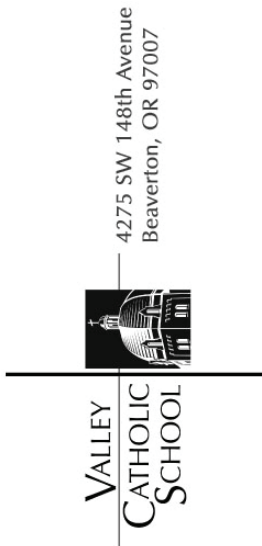
Date \_\_\_\_\_

Does the player wear contacts? \_\_\_ Yes \_\_\_ No

Is the player allergic to bee stings? \_\_\_ Yes \_\_\_ No

List other allergies:

Include a list of any pertinent physical conditions.



# Valley Catholic School Boys' Basketball Camps



**Coach Jeff Gallagher  
Valley Catholic School**

**June 14-17, 2010  
Grades 2-9 9 a.m.– Noon**

**Located on corner of T.V. Hwy.  
and Murray Blvd. in Beaverton**

**[www.valleycatholic.org](http://www.valleycatholic.org)**