

Lady Comets Camp Staff



Marlon Lee: 4- time Conference Coach of the Year is in his 18th season. Coach Lee was an Asst. Coach in the 2015 East West All Star Game. Coach Lee is a graduate of St. Augustine's College where he was a member of the 1997 CIAA Championship team. Mr. Lee serves as Dean of Students at Clayton High School.

Briana Emory-Anderson: Girls Asst. Coach, former high school player.

Current players and former will also assist with the camp.

Who Can Attend?

The camp is open to girls ages 7 – 15.

Where?

The camp will be held in the Clayton High School Gymnasium.

Cost? (\$75)

*Early Bird price of \$60 before May 13
(Scholarships are available)*

What Do I Bring?

You should wear comfortable clothing such as shorts, t shirts, and basketball shoes. Please bring a towel. Be sure that your name is on everything.

What Time?

The camp starts at 9:00. Coaches will be here at 8:15 for early drop off. The camp will end each day at noon. Please be on time for pick up.

What Can I Expect?

The camp will work daily on shooting, dribbling, passing, and defense. Emphasis on **TEAMWORK** and **Practicing HARD**

PARENT AND MEDICAL CONSENT / RELEASE

My child has my permission to attend the 2022 Lady Comets Basketball Camp. In the event of illness or injury, I hereby grant permission for the attending physician or appropriate medical personnel to secure proper treatment. I will be responsible for any medical or other charges connected with my child's attendance at camp. In acceptance of this applicant for camp, I hereby release Clayton High School and all its employees from all claims or damages that may be sustained by my child in association with this camp.

Parent/Guardian Signature

Date

Emergency Phone Number

Is there a known history of:

- A. Medical conditions currently under treatment ___yes ___no
- B. Pre-existing injury currently under treatment ___yes ___no
- C. Fractures or other disability type injuries ___yes ___no
- D. Any medications presently being taken ___yes ___no
- E. Allergies (drugs, bee stings, food, asthma) ___yes ___no
- F. Mental disorder or physical handicaps ___yes ___no
- G. Known past illness of more than one week ___yes ___no
- H. Contact lens or glasses ___yes ___no

Explain above questions answered "yes". Attach a separate sheet if needed.

I hereby state that the Lady Comets Basketball Camp and its employees are not responsible for any pre-existing injury or recurrence of any undisclosed pre-existing injury or illness of the above camper prior to the first day the camper registers.

Parent / Guardian Signature

Application will not be processed without signatures.

**Success Under
Coach Lee**

Advanced to Sectional Finals
Advanced to Regionals 2010
Won Chatlee Xmas Tournament 2008
Scored 100 pts in a game 2008
Won Clayton Holiday Tournament 2009

2009-10

Tied for Regular Season Championship
Won Conference Tournament Championship
Won Sectional Championship
Won a record 28 games
Won 21 games in a row
Went 18-0 at home
Finished 6th in State Poll
Finished 2nd in Triangle Poll
Undefeated vs. county teams

2010-11

1st Johnston County girls' team
to play in the Glaxo Tournament
Sectional Runner up
2nd place in Conference Tournament

2011-12

Undefeated vs. county teams
Conference Player of the Year
GNRC Coach of the Year

2012-13

Undefeated against county teams
Sectional Runner up
Top 10 Triangle Poll

2013-14

Undefeated against county teams

2014-15

Coach Lee has been selected as the
East – West All Star Assistant Coach

2016-17

UNDEFEATED against County Teams

2017-18

UNDEFEATED against County Teams
CONFERENCE TOURNAMENT CHAMPS

2022

**Clayton High School
Lady Comets
Basketball Camp**



June 13-16

9:00 – 12:00

*Sponsored by the
Comet Athletic Booster Club*

APPLICATION

*Registration applications may be mailed
or dropped off at Clayton High School.
Please be sure to include the
Parent and Medical Consent/Release form
along with your \$75.00.*

*Lady Comets Basketball Camp
600 South Fayetteville St.
Clayton, NC 27520*

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____

Home Phone _____ Work _____

T-Shirt Size _____ Position _____

School _____

Upcoming grade in school _____

Basketball Coach _____

Insurance Company _____

Policy Holder _____

Primary Physician _____

**Checks should be made payable to
Comet Athletic Booster Club**