

# *The 20<sup>th</sup> Annual Playing Big in the Paint*

## *Low Post Basketball Camp Grades 7 – 12 Boys & Girls*

*Sunday, August 9th - Four Great Hours of Learning 11:00 - 3:00*

*Kasson-Mantorville Middle School 1400 5<sup>th</sup> Ave. NE – Kasson, MN*

*The Camp is limited to only the First 30 Campers*

***\*LAST YEAR'S CAMP SOLD OUT – REGISTER EARLY\****

The camp will be run by Coach Kelly Raymond (6'9") for players seeking quality instruction on how to dominate in the paint. Coach Raymond is known as a coach who is dedicated to helping players to achieve their goals and developing the basic fundamentals of post play. Whether you are 6'10" or 5'5" this is an excellent chance to learn and make yourself into a better low post player. The camp will be a terrific chance to learn and compete against other post players.

**The Camp schedule is as follows:**

- 10:30 – 11:00 Camp Registration/Open Gym  
11:00 – 11:30 Welcome/Warm-ups/Go Moves/Pivots/Footwork  
11:30 – 12:45 Low Post Offensive Stations  
1. Post Positioning/Catching (Three L's of Post Play: Low – Large – Live)  
2. Drop Steps/Jump Hooks  
3. Face up Moves (Duncan Moves)  
12:45 – 1:15 Defense & Rebounding  
High/Low/Front/Behind/Shot Blocking – without fouling/Spin/Swim/Tip to Self - Boxing Out  
1:15 – 1:30 Camp Break – A snack and water will be provided  
1:30 – 2:45 High Post Offensive Stations  
1. Setting & Using Screens - Moving without the Ball & Getting Open  
2. Mid-Post Moves Facing the Basket – Rip Series  
3. Up and Under Moves in Low Post and on the Perimeter  
2:45 – 3:00 Camp Review

**CAMP FEATURES: \*QUALITY INSTRUCTION AND INDIVIDUAL ATTENTION**

**\*CAMP INSTRUCTION BOOKLET WITH WORKOUTS**

**\*AIR CONDITIONED GYM \*Nike/Adidas Socks**

**ALL FOR ONLY \$35.00!!!**

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**Low Post Basketball Camp Registration Form: Please Register Early Checks payable to: KM Community ED (\$35)**

Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Email Address: \_\_\_\_\_ Grade: (Fall '26) \_\_\_\_\_  
Emergency Contact Name and Phone Number: \_\_\_\_\_

**PARENT AGREEMENT:**

1. I hereby certify that I am, or in the event I am registering my minor child, my child is in normal health and capable of participating in the above listed activity.
2. I understand that the goals of the Low Post Basketball Camps are to develop, promote and provide fun, skill development, participation, in recreation opportunities, and sportsmanship.
3. I hereby acknowledge the health of my child to be ready for the activity of basketball camp and authorize the directors to secure emergency treatment deemed necessary, and I hereby release camp personnel and KM Schools from all claims on account of any injuries which may be sustained by my child while attending basketball camp.
4. I am fully aware of the fact that there are special dangers and risks inherent in certain recreational activities. Being fully aware of those risks and in consideration of being allowed to participate in basketball camp activities and/or use of the school facilities, on behalf of myself and/or my minor child, I hereby assume all risk of injury, damage and liability arising from such activities or use and hereby release KM Schools, its officials, employees and agents and waive any right of recovery that I might or my minor child may have to bring claim or a lawsuit against them for any personal injury, death or other consequences occurring to me or my minor child arising out of my or my minor child's voluntary participation in basketball camp.

**Parent/Guardian (Signature)** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail to: KM Community Education  
606 16th St. N.E.  
Kasson, MN 55944**

For more information please contact Coach Raymond  
at 507-430-3610 – call or text  
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