



Currently Founder and Director Darwin Cook of Native Hoops Youth development programs and Native American programs are conducting basketball clinics in Orange County. Native Hoops and the Bruce Randall Foundation are conducting a basketball clinic at Villa Park High School. A portion of the proceeds will directly benefit local community non-profits as well as the Los Angeles legends of Basketball Non-Profit Foundation.

The clinic is scheduled for Sunday November 12 from 09:00 - 11:00. Registration is at 08:30 am.

Darwin is a motivational speaker, a Member of the Legends of Basketball Foundation 501(c) 3 and Chairman of the Los Angeles Chapter. He coached at the collegiate level for seven (7) years as an assistant coach at UNLV (1994-97) and at Pepperdine University from 1997-2001.

Darwin played internationally for four years in the Italian League in 1988, 1990 through 1993, winning two championships for Scavolini, Pesaro, Italy. Darwin's NBA career consisted of playing with the San Antonio Spurs, the Denver Nuggets, the Washington Bullets and six Years New Jersey Nets 1980-1986. he was the All Time Steals leader (franchise history) and third All Time leader in assists.

“Two Hour Basketball Workout” sessions are designed to develop the Individual’s mind and body. We want to get the message out, stress the importance of Physical Fitness while building character and confidence in each child that enters our program. The Clinics feature Former Professional Basketball Players. As part of our Clinics and Workout sessions, players are available as guest speakers, sharing their stories on what it takes to be a professional, and how to set attainable goals.

For Further information please contact

Diane Goldstein

Executive Director

The Bruce Randall Foundation

PO Box 3407

Orange, CA 92857

(714) 232-3722

[www.therandallfoundation.com](http://www.therandallfoundation.com)

# **NATIVE**Hoops

SOLE SUBSIDIARY OF RCC HOLDINGS

IN ASSOCIATION WITH VILLA PARK HIGH SCHOOL BASKETBALL  
PROGRAM & THE BRUCE RANDALL FOUNDATION

[www.therandallfoundation.com](http://www.therandallfoundation.com)

**PRESENTS:**

**“TWO HOUR WORKOUT with the PROS”**

**Come join us for a fun filled Fundamental Basketball Workout, “featuring some of the past players of the game”! Please sign up for the upcoming Clinic.**

The price for the Clinic: **\$50.00 per player** the clinic is limited to 60 players

Ages: 10-18 Boys and Girls

Date: Sunday, November 12, 2006

Time: 9:00am to 11:00am Lunch and Summit to follow

Where: Villa Park High School 18042 Taft Avenue, Villa Park 92861

Registration starts at 8:30am, come early and get a Bonus workout from some of the Pros!

**Contact [NATIVEHoops](#) or the The Randall Foundation for more details:**

Return Registration form to:

NATIVEHoops/RCC

3281 Guasti Rd. Suite 370

Ontario CA. 91761

909 456-2800 ext. 19

Email: [diane@therandallfoundation.com](mailto:diane@therandallfoundation.com)

[dc12plug@aol.com](mailto:dc12plug@aol.com)

Make Checks Payable to [NATIVEHoops](#)

**Put some *OLD SCHOOL* back in your *GAME!***

# **NATIVE**Hoops

SOLE SUBSIDIARY OF RCC HOLDINGS

Registration Form  
Two Hour workout with the PROS  
\$50.00 per player, Limited to 60 players

Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_\_

Parents Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Medical Information \_\_\_\_\_

Medical Insurance \_\_\_\_\_

## GENERAL RELEASE, WAIVER AND INDEMNITY AGREEMENT

I hereby Authorize NATIVEHoops to act for me in Accordance to their best judgment in any emergency requiring medical attention. I hereby waive in addition, release NATIVEHoops from any liability of injury or illness that may occur during all workouts. I the parent will have all insurance information along with this application and authorize NATIVEHoops Directors to use their best judgment in regards to the well being of my child or children.

Parent Signature \_\_\_\_\_ or \_\_\_\_\_ Date \_\_\_\_\_ Guardian \_\_\_\_\_