

2017 Oasis High School Basketball Camp

Dates: June 12th – 15th

Time: 9am – 4pm

Location: Oasis High School Gymnasium

Cost: \$150

The camp is a skill-development camp for boys and girls entering grades 4th through 11th wanting to play basketball. Morning sessions will be focused on fundamental drills, sport specific exercises, and skill development stations. The afternoon sessions will include 3 on 3 tournaments, 5 on 5 tournaments, and other competitive games .

Every Camper gets a T-shirt.

Lunch is available for purchase.



For more information about the camp and registration form, go to www.oasishighschool.net/basketball

Registration for Oasis High School Summer Basketball Camp

Name of Student _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

Current School _____

2017 -2018 Grade _____ T -SHIRT SIZE (CIRCLE ONE) ADULT: SM MED LG XL

Consent to Medical Treatment & Release of Liability

In consideration of being allowed to participate in this camp, and activities, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Oasis High School, it's staff members, agents, employees, representatives, successors, and assignees of and from any and all liability, claims, demands, and course of action whatsoever arising out of any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, or otherwise, while participating in this camp/clinic is being conducted. To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place my child at risk to participate in any way with camp/ clinic activities. I am fully aware of any risks and hazards connected with the camp. I hereby give permission for the staff at the Shark Shootout to administer appropriate medical attention to me/my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Health Insurance Name: _____ Policy / Group #: _____

MAKE CHECKS PAYABLE TO: OASIS HIGH SCHOOL MAIL TO: OASIS HIGH SCHOOL 3519 Oasis Blvd. Cape Coral, FL 33914

For more information call: (239) 541 -1167