

OASIS HIGH SCHOOL SHARKS SUMMER BASKETBALL CAMP

SHARK WEEK 1: June 12-15
(Tuesday-Friday)

SHARK WEEK 2: June 25-28
(Monday-Thursday)
9:00 AM — 4:00 PM
\$150 per week



**Sport specific training,
offensive/defensive
skill development,
3-on-3/5-on-5
tournaments, individual
player evaluation, and
sport performance shirt
for all participants**



**Hosted by Coach Ebbert and
the OHS Varsity Boys Basketball Team**



Go to OasisHighSchool.net/Basketball or contact
Robert.Ebbert@capecharterschools.org for more
information and registration forms.

Registration for Shark Week Basketball Camp

Please select which camp week(s) you will attend:

Shark Week #1 (6/12-15) _____ Shark Week #2 (6/25-28) _____

Name of Player _____

Address _____

City _____ State _____ Zip _____

Parent Phone _____ Parent E-mail _____

2018-2019 School: _____

2018-2019 Grade: _____

T-SHIRT SIZE (ADULT): X-Small Small Medium Large X-Large

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

**There will be a concession stand open to
purchase drinks, lunch items, and snacks.
Players may also bring a packed lunch.**