

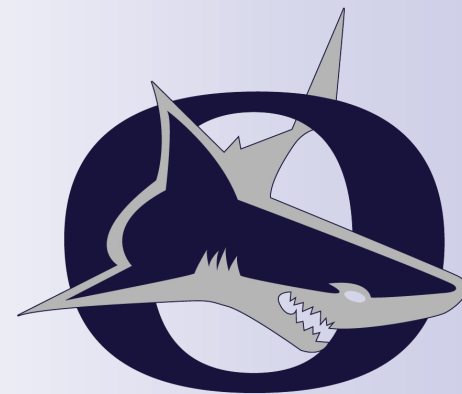
A WORD FROM COACH CORLEY

THE OASIS HIGH SCHOOL COACHING STAFF, PLAYERS AND MYSELF LOOK FORWARD TO WORKING WITH THE YOUTH OF OUR COMMUNITY AND TEACHING THEM THE FUNDAMENTALS OF FOOTBALL. THIS CAMP WILL PROVIDE ALL CAMPERS THE OPPORTUNITY TO LEARN THE GAME, AND TEACH THEM THE IMPORTANCE OF TEAMWORK. I AM EXCITED TO BE A PART OF THE SHARK COMMUNITY AND HOPE TO SEE A LARGE NUMBER OF OUR YOUTH AT THIS YEARS CAMP.

COACH LIAM CORLEY



SHARKS FOOTBALL



SHARK FOOTBALL

YOUTH CAMP

2017

JUNE 5TH-8TH

QUESTIONS?

CONTACT: COACH LIAM CORLEY

EMAIL:

LIAM.CORLEY@CAPECHARTERSCHOOLS.ORG

PHONE: (239) 541-1167 EXT. 432

- EFFORT -
- ATTITUDE -
- TOUGHNESS -

CAMP INFORMATION

GRADES: 1ST THROUGH 8TH

DATE: JUNE 5, 6, 7, & 8

TIME: 9:00 AM - NOON

LOCATION: OASIS HIGH SCHOOL

COST: \$100 FOR 1 CAMPER,
\$150 FOR 2 CAMPERS, (\$75 FOR
SCHOOL EMPLOYEES),

\$125 (WALK-UP REGISTRATION)

**SEND REGISTRATION & PAYMENT
TO:**

OASIS HIGH SCHOOL
ATTENTION: LIAM CORLEY
3519 OASIS BOULEVARD
CAPE CORAL, FL 33914

MAKE CHECKS PAYABLE TO:
OASIS HIGH SCHOOL FOOTBALL



CAMP DETAILS

CAMPERS WILL GET A FOUR -DAY
CAMP EXPERIENCE COACHED BY
THE OASIS HIGH SCHOOL FOOT-
BALL PLAYERS AND SUPERVISED BY
THE COACHING STAFF. EACH DAY
AT CAMP THEY WILL BE TAUGHT THE
FUNDAMENTALS OF FOOTBALL,
COMPETE IN DAILY INDIVIDUAL COM-
PETITIONS, AND TEAM FLAG FOOT-
BALL GAMES. GATORADE AND WA-
TER WILL BE PROVIDED EACH DAY
AS WELL AS A CONCESSION FOR
CAMPERS. CAMPERS WILL RECEIVE
INDIVIDUAL AND TEAM AWARDS AT
THE END OF CAMP. WE HOPE THAT
YOU WILL JOIN US ON JUNE 8TH TO
CELEBRATE YOUR CAMPERS AC-
COMPLISHMENTS.



PRE-CAMP REGISTRATION

1ST CAMPER

STUDENT: _____

GRADE: _____

PARENT/GUARDIAN : _____

PARENT PHONE #: (____) _____ - _____

EMERGENCY CONTACT AND #:

CAMPERS T-SHIRT SIZE (PLEASE SPECIFY YOUTH
OR ADULT): _____

2ND CAMPER

STUDENT: _____

2017-2018 GRADE: _____

PARENT/GUARDIAN: _____

PARENT PHONE #: (____) _____ - _____

EMERGENCY CONTACT AND #:

CAMPERS T-SHIRT SIZE (PLEASE SPECIFY
YOUTH OR ADULT): _____

WAIVER

IN THE EVENT THAT MY CHILD IS INJURED OR BECOMES ILL
WHILE ATTENDING THE 2017 SHARK FOOTBALL CAMP, I GIVE
MY PERMISSION FOR THE STAFF TO SEEK MEDICAL ATTENTION
IF DEEMED NECESSARY UNDER THE EXISTING CONDITIONS. I
RELEASE OASIS HIGH SCHOOL AND THE COACHING STAFF
FROM ANY CLAIMS FROM INJURIES SUSTAINED DURING THE
CAMP. I ALSO CERTIFY THAT MY CHILD IS IN GOOD PHYSICAL
HEALTH AND THAT HE/SHE WILL NOTIFY STAFF MEMBERS OF
ANY CONDITIONS THAT MAY IMPAIR HIS/HER ABILITY TO PARTIC-
IPATE IN ALL CAMP ACTIVITIES.

PLEASE CUT OFF FORM AND
RETURN TO OASIS HIGH
SCHOOL