

SEABREEZE BASKETBALL CAMP

Dates: June 25-28, 2018
Time: 9:00 am - 11:30 am

Registration: Pre-registration is recommended.
 June 25, 8:30am to 9:00 am at Southwestern Rec Center.

Location: Southwestern Rec Center
 * Please park in designated areas ONLY!

Camp Director: Jeff Johnson, Southwestern Women's Basketball Coach, Assistant Men's Coach Riley Grandinetti and the SWOCC players.

Camp Description: This camp teaches the fundamentals of basketball including dribbling, shooting, defensive, and offensive skills.

Cost: With Boys & Girls Club membership \$45
 Non-Members must pay \$15 Membership Fee.

Eligibility: Applicants must be in grades K - 5
 Boys & girls will be accepted and divided into leagues depending on age and skills.

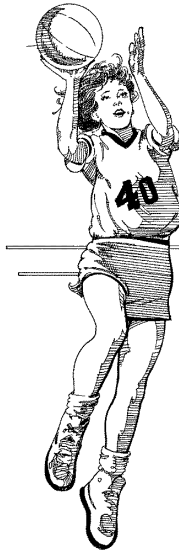
Camper Must Provide: Basketball apparel and shoes, snack and something to drink.

For more information: Call 267-6573

Mail application with payment:
 SeaBreeze Basketball Camp
 P.O. Box 1082
 Coos Bay, OR 97420



CAMP PHOTOS
 will be available for
\$10.00
 Must be preordered



Discipline: Any serious violation of regulations, such as willful damage to property or any other behavior deemed detrimental to the group, including failure to respect decisions of coaches, officials, and directors will result in immediate dismissal from camp. There will be no refund of tuition should a camper be dismissed from camp.

Cancellations: Tuition less a \$10 non-refundable registration fee will be refunded without question if enrollment is cancelled prior to June 25. After June 25, refunds less the \$10 will be made for medical reasons only. No refunds will be given to campers who voluntarily leave camp or who are sent home for disciplinary reasons.

SEABREEZE BASKETBALL CAMP

PLEASE PRINT

Name: _____ **CAMP PICTURE** ___Yes \$10.00

Address: _____

City/State/Zip: _____

Phone # _____ Grade (Next Year) _____ School Attended This Year _____ Age: _____ Birth Date: _____

I am aware of the inherent risks involved from participating in this activity. In the event of accidental injury, I authorize Boys & Girls Club representatives to secure medical care for my child if I cannot be reached. I release Boys & Girls Club from any liability for injury resulting from participating. I know of no mental or physical problems which may affect my child's ability to safely participate in this activity. I will be responsible for any medical or other charges in connection with my child's camp attendance. I agree to abide by all Boys & Girls Club rules, policies, and procedures and to respect the decisions of coaches, officials and directors made in the course of performing their duties. I assume full responsibility that the child I am registering does the same, and acknowledge that failure to abide by all rules may result in the removal of my child from this activity.

Parent or Guardian Signature: _____

OFFICE USE ONLY Date Paid: _____ Amount \$ _____ Receipt # _____ Boys & Girls Club Membership # _____

Cash Check Credit Card # _____