



SARASOTA HIGH SCHOOL SUMMER SLAM BASKETBALL CAMP – 2019

BOYS & GIRLS 2ND THROUGH 9TH GRADE ALL SKILL LEVELS – BEGINNER TO ADVANCED
MONDAY – THURSDAY 9:00 AM – 12:00 PM

CAMP INSTRUCTORS: Mike Fields – Varsity Head Coach, Elias Gutierrez –JV Head Coach

Week #1 – June 10, 11, 12, 13

Week #2 – June 17, 18, 19, 20

Week #3 – June 24, 25, 26, 27

Each camper receives a t-shirt. Last day of camp – competition prizes and awards will be presented

**COST: \$175 for 1 week per camper \$325 for 2 weeks per camper
\$450 for 3 weeks per camper**

****2 or more campers deduct 10% from total price****

For more information, registration, or questions please call or email

Coach Mike Fields (910) 364-8498 OR beefmjf@yahoo.com

Amy Warrington (941) 809-8914 OR americaw@gmail.com

Cut Line – Please bring the below Registration to Camp or include with mailed payment

REGISTRATION FORM

NAME: _____ **AGE:** _____ **GRADE:** _____

T-SHIRT SIZE (circle): YOUTH S, YOUTH M, ADULT S, ADULT M, ADULT L, ADULT XL

WEEKS ATTENDING (circle): WEEK 1 WEEK 2 WEEK 3

PARENTS NAME: _____ **PHONE #:** _____

EMAIL: _____

MAILING ADDRESS: _____

Camp is held in Sarasota High School Gymnasium (Ed Howell Gym)

Please make all checks payable to Sailor Boys Basketball Booster

Mail to: 8001 Jeffrey Dr. Sarasota, FL 34238

I give permission for my son/ daughter to attend Sarasota High School basketball camp. I have no knowledge of any physical impairment that would affect or be affected by my child's participation in the SHS basketball camp. In the event of the need for medical treatment, I give the camp staff permission to act for me to obtain my child whatever medical treatment the staff in its best judgement deems necessary and appropriate. I specifically consent to such treatment including but not limited to emergency personnel, hospitalization, and surgery. I acknowledge that at the basketball camp my child will participate in a sport that will involve, among other things, physical contact of the body with other persons or objects, or the ground that at the basketball camp could result in physical injury. I specifically waive and release and hold harmless the SHS basketball camp staff members, Coaches, Volunteers, Booster Club, the School Board of Sarasota County and its employees from liability for any claim for damages which I or my child may have/ injuries or illness that they may sustain at the basketball camp. I authorize the SHS basketball camp to use my child's name and or photographs of my child for articles for publicity purposes. I acknowledge that I have read the above disclaimer.

Parent/Guardian Signature: _____ **Date:** _____