

2019 AUGUSTA ORIOLE BOY'S BASKETBALL CAMP AND INDIVIDUALS

<p style="text-align: center;">General Information</p> <ul style="list-style-type: none"> • <u>Date</u>: May 28th - May 31st, 2018 • <u>Location</u>: Augusta High School (Hutter Gym) • <u>Grade Level</u>: 10th - 12th (For the 2019-20 year) • <u>Time</u>: 10 AM - Noon 	<p style="text-align: center;">Coaching Staff</p> <ul style="list-style-type: none"> • Jake Sims - jsims@usd402.com • AHS Assistants
<p style="text-align: center;">Cost and Registration</p> <ul style="list-style-type: none"> • Cost: \$60 (T-shirt included) Make checks payable to <u>Jake Sims</u>. • Send payment to: Jake Sims Augusta High School 2020 Ohio St. Augusta, Ks 67010 	<p style="text-align: center;">Purpose of Camp and Individuals</p> <ul style="list-style-type: none"> • Introduce new team concepts. • Begin building for next season. • Improve ball handling. • Improve shooting. • Improve on weak aspects of the player's game. • One on one attention with coaching staff.
<p>Individual instruction will run on Monday's, Tuesday's, and Thursday's.</p>	
<p>Registration will be accepted at the beginning of camp on May 28th. Please fill out the registration below and send it in, or bring it with you the first day of camp. If you have any questions contact Jake Sims @ 316-213-6253 or jsims@usd402.com</p>	

Name: _____ Grade: _____ (2019-20)

Phone #'s: _____ (Home) _____ (Emergency)

T-Shirt Size: (adult sizes) Small Medium Large X-Large XX-Large

Camp and Individual Instruction (\$60) _____

I, the undersigned parent of _____ do hereby authorize the directors of the Oriole Basketball Camp to act accordingly to their best judgement in any emergency requiring medical attention. I recognize that the camp does not provide accident insurance that will pay medical expenses resulting from any injury. I grant permission for him to participate acknowledging that he is physically able to do so.

Signature of Parent/Guardian: _____ Date: _____

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