

2019 AUGUSTA ORIOLE BOYS BASKETBALL CAMP AND GROUP INSTRUCTION

<p style="text-align: center;">General Information</p> <ul style="list-style-type: none"> • <u>Date</u>: May 28th - May 31st, 2019 • <u>Location</u>: Augusta High School (Hutter Gym) • <u>Grade Level</u>: 7th - 8th (For the 2019-20 year) • <u>Time</u>: 8 AM - 9:45 AM 	<p style="text-align: center;">Cost and Registration</p> <ul style="list-style-type: none"> • Cost: \$35 (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;">Coaching Staff</p> <ul style="list-style-type: none"> • Jake Sims - jsims@usd402.com • AHS and AMS Coaches 	<p style="text-align: center;">Camp Includes</p> <ul style="list-style-type: none"> • Introduce high school terminology. • Fun, competitive games. • Daily winners for drills.
<p>Group instruction will also be offered this summer. In a group setting, each player will get one on one attention from coaches to improve their skills and basketball concepts. In these sessions, 1 on 1, 2 on 2, and 3 on 3 concepts will be incorporated. The cost is \$25 and a schedule will be given during camp of the dates and times of the workouts.</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 Only(\$35) _____ 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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