**Sailor Basketball Camp**

 

**July 8th - 11th** (Monday - Thursday)

**Camp time: 1:30 - 3:30**

(gym doors will open at 1pm for “early drop offs”)

Newport Harbor High School

**Cost $175**

* **Directed by Excellent Experienced Basketball Coaches**
* **Improve skills, fundamentals, and techniques**
* **Offers station work, contests, and games**

**Registration**: To enroll, fill out the application below and payment can be mailed to address or with QR code

**Newport Harbor Athletic Foundation**

**Memo: Boys Basketball**

**600 Irvine Ave**

**Newport Beach, CA 92663**

**Contact: Jason Carey 714-488-7288** **coachcarey1@****gmail.com w/ any questions or visit website www.newportharborbasketball.net**

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Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of your accepting this registration, I hereby agree to indemnify and hold harmless the Newport-Mesa Unified School District and any of its officers, agents or employees from any liability of claim or action for damages resulting from, or in any way arising out of participation in this program by this person registered. By signing

below, we the parent(s) or guardian of the above named child, authorize treatment for the named child in an emergency, determined appropriate and necessary by the director of “Sailor Basketball.” It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above

treatment will not be withheld if the undersigned cannot be reached.

List Any Medical Concerns/Restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**