

# Narcoossee Summer Basketball Camp

**Monday-Thursday**

**June 9<sup>th</sup>-12**

**2pm-6pm**

**Narcoossee Middle School  
gym**

**Boys & Girls Grades 3-8**

**SPECIAL RATE!!**

**\$40.00 TOTAL**

Make checks payable to Narcoossee  
Middle School-drop off at Narcoossee  
M.S. Front Desk

\*Limited space!

- Concessions
- Character Development
- Games/Competitions
- Tournament Style games
- Team Challenges
- Basketball Training

*This camp is designed for players of all skill levels. Players will be encouraged through motivation from coaches and campers. Our goal is to drive players toward a bright basketball future, teach proper mechanics, and most importantly... **HAVE FUN!***

**Please note:** Walk-up registration is \$50 (cash only). For questions or more information, please call 407-891-6600. Or contact [garcirob@osceola.k12.fl.us](mailto:garcirob@osceola.k12.fl.us) \*Lunch is not provided

\*All campers are required to wear socks and shoes \*Presented by Coach Bartlett & Coach Garcia



Camper Name: \_\_\_\_\_ Camper Age: \_\_\_\_\_ Camper Grade: \_\_\_\_\_

Camper Gender: Male  Female  Camper Experience(Not nessecary): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Camp Waiver**

I/We, the undersigned, hereby certify that I/We are the parent or legal guardian of \_\_\_\_\_. I/We certify that the camper is physically capable of participating in the camp and all related activities. I/We hereby give permission for the staff of the basketball camp to seek and/or give appropriate medical treatment for the camper during the time of the camp and for the camper to receive medical attention in the event of an accident, injury, or illness. Parents/Guardians will be responsible for all costs of medical attention provided.

As a condition to the camper's participation in the camp, I/We, hereby waive, release, and forever discharge the owner, staff of the camp, administration and staff of Narcoossee Middle School and all other related partners from any and all liability, claims, demands, actions, and causes of any loss, injury, illness, or property damage.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_