

2018 IRISH BASKETBALL CAMP

CAMP OVERVIEW

GRADES:

3rd – 5th Grade To Be

6th – 8th Grade To Be

DATES:

Tuesday, June 19th

Wednesday, June 20th

LOCATION:

Monroe Middle School

(Please note new location)

TIMES:

9:00AM–12:00PM Grades 3-5

1:00PM–4:00PM Grades 6-8

CAMP COST:

\$55.00 per player

(\$5.00 discount for each camper from one family)

Contact Coach Clark with any questions at

clark_d@4j.lane.edu

THE IRISH WAY



LEAGUE CHAMPIONS
2007, 2009, 2012, 2013, & 2014

STATE FINISH

1st – 1992, 3rd – 2007,

2nd – 2014, 4th – 2016

EACH CAMPER WILL GET:

- Skill Development Drills
- Coaching by Sheldon's Coaches
- Interaction With Sheldon's Players
- Irish Camp T-Shirt

HOW TO REGISTER:

Fill out, cut off, and mail the attached registration form and payment to:

Irish Boys Basketball
Sheldon High School
2455 Willakenzie Rd.
Eugene, OR 97401

OR

Email clark_d@4j.lane.edu with your camper's name, grade to be, and T-shirt size. Then bring the registration form and payment to the first day of camp.

2018 IRISH BASKETBALL CAMP PLAYER REGISTRATION FORM

Name: _____

Grade To Be: _____

Parent Email: _____

T-Shirt Size: YM YS S M L XL XXL

EMERGENCY CONTACT INFORMATION:

Name: _____

Phone: _____

Relationship: _____

INSURANCE INFORMATION:

Name of Insured: _____

Insurance Carrier: _____

Policy #: _____

I shall agree to indemnify and save harmless the Eugene School District 4j from and against any and all loss, cost (including attorney fees), damages, expense, and liability in connection with claims for damages as a result of injury of any person which arise from the acts or omissions of myself or my minor child(ren) during our participation in Sheldon's Basketball Camps. I further understand that there are certain risks inherent in this activity and that proper training and physical conditioning is necessary. I hereby agree to assume those risks on my behalf of my minor child(ren) and to hold harmless the District and it's agents. I have read and understand the above.

Parent/Guardian Signature: _____

Date: _____

*By signing this paper I agree that if myself or my child(ren) is injured during this activity and files a claim against the District I would have to pay for any financial loss it had on account of that claim.

