



SF Flying Eagles 2008 Summer Basketball Clinic

The SF Flying Eagles invite you to our 2008 Summer Basketball Skills Camp designed for youths in the 3rd through 6th grade (upcoming Fall) who want to improve their individual skills. SF Flying Eagles will be holding two 5-day sessions as follows:

Camp 1 : July 7 – July 11; 9 am to 12 noon & 1 pm to 4 pm *
Camp 2 : July 21 – July 25; 9 am to 12 noon & 1 pm to 4 pm *

- Early drop off at 8:00 am and late pick up 5:00 pm.

Each camp will be packed with fun competition and instructions by Armando Pazos and his coaching staff. Armando is the head coach for John O'Connell High School boys' varsity basketball team. He has extensive coaching experience with both boys' and girls' teams at the AAU, varsity/junior varsity levels and with the Flying Eagles.

The morning sessions will focus on ball handling and footwork while the afternoon sessions will be devoted to shooting and full court workout. You may sign up for just the morning or afternoon sessions or both. All campers will receive a T-shirt. Campers who are staying for the full-day camps need to bring their own lunch.

This is a great opportunity to learn and sharpen your fundamental basketball skills!!

Location: John O'Connell High School
2355 Folsom Street, SF, CA 94110 (between Folsom and Harrison Streets, enter gym from 20th Street, off of Treat)

Cost: \$90 per camp for half-day sessions (morning or afternoon)
\$160 per camp for full-day sessions
(Make Checks Payable to: SF Flying Eagles)

Space is limited so send your completed application, waiver and checks early to:

Jeanette Lo, 750 Victoria Street, San Francisco, CA 94127

For any questions please contact: Jeanette Lo (415) 609-0428 or email to jlo@cpuc.ca.gov.



SF Flying Eagles 2008 Summer Basketball Clinic Application

Players Name: _____

Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email: _____

Parent/Guardian Name: _____

Emergency Phone Number (during camp session): _____

Current School: _____

Please circle which camp you will be attending.

Camp 1
July 7 – July 11
Morning Session: 9am to 12 noon
Afternoon Session: 1pm to 4pm
Full day

Camp 2
July 21 - July 25
Morning Session: 9am to 12 noon
Afternoon Session: 1pm to 4pm
Full day

Once we have received your application, waiver and payment, you will receive a confirmation email (please make sure to provide an email address) regarding your reservation to the camp.



**VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK
(MINOR)**

I authorize my daughter/son, _____ to participate in the SF Flying Eagles 2008 Summer Basketball Clinic offered at John O'Connell High School on July _____ thru July ____ 2008 and July _____ thru July _____ 2008.

I understand and acknowledge that the clinic, by its very nature, poses the potential risk of serious injury/illness to individuals who participate in such an activity.

I understand and acknowledge that some of the injuries or illnesses that may result from participating in the activity includes, but is not limited to, the following:

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death |

I understand and acknowledge that participation in the clinic is completely voluntary. I also understand and acknowledge that in order to participate in the clinic, my daughter/son and I agree to assume liability and responsibility for any and all potential risk that may be associated with participation in such activities.

I understand, acknowledge, and agree that SF Flying Eagles, John O'Connell High School, SF Unified School District, their employees, officers, agents, and volunteers shall not be liable for any injury/illness suffered by my daughter/son which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Participant Name (Printed): _____

Participant Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

Day Phone #: _____ Evening Phone #: _____