



## 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 3<sup>rd</sup> through 6<sup>th</sup> 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](mailto: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 #: \_\_\_\_\_