



**Summer  
2018**

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**2 SESSIONS**

June 25 - June 29

August 13 - 17

*For boys and girls entering grades 2-9*  
Sponsored by Oceanside's Department of Community Activities

**Work with  
Local  
Coaches!!**

**Hard 2 Guard Basketball Camp**

- Full Day Camp: 8:30 a.m. to 2:30 p.m.

**Session 1** June 25 - June 29 \$235

**NEW SETUP** for Session I only  
Campers entering grades 2 - 7 at Oceanside School #6  
Campers entering grades 8 - 9 at Oceanside HS

**Session 2** August 13 - 17 \$235  
**ALL** campers at Oceanside School #6

**\*Discounts: Campers may be eligible for 1 of the following:**

*Family Discount:* Receive a \$15 discount per child when two or more members of a family register.

*Multi-Session:* Receive a \$15 per week discount when registering for both weeks.

**Registration:** Submit completed form & full payment.  
All checks payable to: **Oceanside UFSD**

- Camp Features**
- Daily Prizes/ Effort & Spirit Awards
  - Daily League Games
  - Written skills analysis & Camp T-Shirt
  - Dedicated staff of local coaches, teachers and student-athletes including Coach Manning & Coach Lyson

**For More Information**

For information regarding registration or to request a full brochure call DOCA at 594 - 2336.

For information about the basketball camp program and activities please contact the camp director:  
Coach Ken Dwyer - (516) 749-3026

Note: A letter will be sent to all participants the week prior to the session with medical forms and information on our optional lunch program.

**\*\*Non-Oceanside School District Residents must submit copies of immunizations with registration.\*\***

**CAMP REGISTRATION FORM - Return to: DOCA 125 Merle Ave. Oceanside, NY 11572**

Print Camper's First and Last Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Grade (as of 9/18) \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Parent/Guardian Name and Phone Number \_\_\_\_\_ Parent/Guardian Name and Phone Number \_\_\_\_\_

Session I is June 25 - 29, Session II is August 13 - 17 / Please Check Session(s) Attending:  
 \_\_\_\_\_ Session I (School #6, campers entering grades 2 - 7) **OR** \_\_\_\_\_ Session I (OHS, campers entering grades 8 & 9)  
 \_\_\_\_\_ Session II (School #6 for ALL campers entering grades 2-9) Amount Enclosed: \$ \_\_\_\_\_

**Parent/Guardian Authorization:** I certify that the individual named above is in good physical condition and is capable of taking part in all camp activities. If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the emergency number provided. If contact with me is not possible, I give permission for transport to the emergency room and for medical attention to be administered.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Family E-mail \_\_\_\_\_

**\*Non-Oceanside School District Residents must submit a copy of immunization records.\***