



**Summer
2016**

2 SESSIONS

June 27 - July 1

August 15 - 19

*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

- For Boys and Girls entering grades 2 - 9
- Located in Oceanside School #6 Gymnasiums
- Full Day Camp: 8:30 a.m. to 2:30 p.m.

Session 1	Session 2
June 27 - July 1	August 15 - 19
\$235	\$235

***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.

Payments: Please pay in full at the time of registration. All checks payable to:
Oceanside UFSD

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.

- Camp Features**
- Daily Prizes/ Effort & Spirit Awards
 - Daily League Games
 - 3 on 3 Tournament & "Beat the Counselor" 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 directors.

Coach Ken Dwyer OHS Girls Lacrosse (516) 749-3026	Coach Dan Keegan Former Boys Basketball (516) 359-1060
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To Register

Complete and return registration form and make payment to Oceanside UFSD.

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

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

_____	Age _____	Sex: M F	Grade (as of 9/16) _____
Print Camper's First and Last Name			
_____	Check Session(s) Attending:	Session I (6/27- 7/1) _____	
Street Address		Session II (8/15 - 8/19) _____	
_____	Amount Enclosed: _____		
City, State, Zip Code			
_____	_____	_____	
Home Phone Number	Parent/Guardian Name and Phone Number	Parent/Guardian Name and Phone Number	

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 immunization records with registration.