

**2017**  
EVANGELICAL CHRISTIAN  
**SENTINELS**  
**Boys & Girls**  
BASKETBALL CAMP  
June 26– June 30



**GRADES 2-9**

Camp Director:  
**Sharee Thompson**  
Camp Staff:  
Coach Jeff Blair  
and  
Varsity Basketball Team

EVANGELICAL CHRISTIAN SCHOOL  
8237 BEACON BOULEVARD  
FORT MYERS, FL 33907  
239.936.3319  
239.425.3081

**SENTINEL SUMMER BASKETBALL CAMP 2017**  
DATES: JUNE 26 - JUNE 30 8AM-NOON GRADES: 2ND-5TH (INCOMING)  
DATES: JUNE 26 - JUNE 30 1PM-5PM GRADES: 6TH-9TH (INCOMING)  
**REGISTRATION FORM**

NAME \_\_\_\_\_ GRADE (FALL 2017) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

T-SHIRT SIZE: YS \_\_\_ YM \_\_\_ YL \_\_\_ / SM \_\_\_ MED \_\_\_ LG \_\_\_ XL \_\_\_

ADVANCED SKILLS CLINICS: (TRAINING FOR SERIOUS PLAYERS AGES 10+)

MAKE CHECKS PAYABLE TO ECS. FOR THE ADVANCED SKILLS CLINIC, PLEASE CONTACT JEFF BLAIR AT



### **DATES, TIMES, & FEES**

June 26th – 30th

8AM – NOON (Grades 2nd–5th)

1PM – 5PM (Grades 6th–9th)

FEE: \$150.00 PER CAMPER

(\$125 if registered by June 1st)

### **ITEMS NEEDED FOR CAMP**

Basketball Shoes

Water Bottle

Towel

Each camper will receive a camp  
T-Shirt and Basketball

Gatorade and Lunch provided on  
Friday

## **Camp Focus:**

Fundamentals and

Skill Building

Free Throw Contest

Camper of the Week Award

Skills Challenge Award



## **Camp Features:**

Excellent Instruction from  
Coach Sharee Thompson,  
former Arkansas Razorback.  
Coach Thompson also played  
over seas professionally.



### **WAIVER: MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

In the event that my child is injured or becomes ill while attending the 2017 Sentinel Basketball Camp, I give my permission for the staff to seek medical attention if deemed necessary under the existing conditions. I release Evangelical Christian School, the coaching staff, and trainers from any claims from injuries sustained during the camp.

I also certify that my son/daughter is in good physical health and that he/she will notify staff members of any condition that may impair his/ her ability to participate in all camp activities.

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Parent/Guardian Signature/ Date

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Emergency Contact Name

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Emergency Contact Phone Number