

Incoming Freshmen Summer CAMP



@
TESORO H.S.



SUMMER 2023

Camp Director: Head Coach, Steve Garrett
& Tesoro Coaching Staff

CIF CHAMPIONS: 2009, 2023

League Champions: 04,05,09,15,16,19,20,22, 23

IN-COMING FROSH CAMP (Boys)

Dates: June 19-29 (M-Th only) **Days/Times:** Weekdays, 1-3 pm **Location:** Tesoro HS Gym

****15-20 participants from camp will be selected to play in a 2-week summer team that includes tournament competition and practice. The summer team will go from June 23- July 9****

Age Group: Incoming 9th Grade (Class of 2027)

Camp Highlights: Develop Skills & Fundamentals, Learn Expectations of Tesoro HS Basketball, Competitive Games, 15-20 participants of the camp will be selected to play in a 2-week summer team that includes tournament competition & practice. The summer team will go from June 23- July 9. This camp is highly recommended but not required for players trying out for high school team.

Camp Director/Coach: Steve Garrett (Head Varsity Basketball Coach) & Tesoro Basketball Coach Staff

Donation: \$250

Questions? E-mail: swgarrett@capousd.org

To Register: Fill out the form below and mail with your check payable to: **Tesoro Basketball Boosters**

***** NO REFUNDS AFTER 4/1 *****

**** Limited space for each session**REGISTRATION** Guarantee a spot by 4/1****

Enrollment Application & Insurance Waiver

Name _____ Grade _____(Fall 2023) Birthdate _____

Parent or Guardian's Name(s) _____

Parent's Cell: _____ Parent's E-mail: _____

Home Address _____ City _____ Zip _____

Emergency Contact: _____

**Mail registration and check to: Tesoro High School-Boys' Basketball
Attn: Steve Garrett
1 Tesoro Creek Road
Las Flores, CA 92688**

I/we the parents or guardians of the above named child hereby release, absolve, indemnify, and hold harmless the Capistrano Unified School District, Tesoro High School, Steve Garrett and any coaching staff member of the camp for any injuries or damage that he may receive or cause as a result from activities during the above mentioned camp. I/we assume all risks and hazards incidental to the conduct of the activities and hereby acknowledge that my child is covered under our family health plan.

Signature _____ Date _____ Insurance Carrier _____ Policy # _____