



# 2024 PEARLAND LADY OILER BASKETBALL CAMP

*CHASING SUCCESS- 2022 Regional Finalist 2023 State Semi Finalist 2024 Regional Semi Finalist*

**Date:** Monday, June 10th through Thursday, June 13, 2024

**Ages:** Pre-K-9<sup>th</sup> Grade Both boys & girls are welcome!

**Time:** 8:30 to 10:00 a.m. – **Session I: 4 year old -2nd grade**  
8:30 to 10:30 a.m. - **Session II: Incoming 3rd – 6th graders**  
10:00-12:00 p.m. – **Session III: Incoming 7<sup>th</sup>- 9<sup>th</sup> graders**

**Where:** PHS Searcy Gymnasium

**Cost:** \$95.00 – Session I  
\$100 – Session II & III  
\$115- Late Registration After June 1



**\*Zelle & Venmo info below. Cash will be accepted. NO CHECKS!**

**Scan QR Code to Register Online**

This camp is designed to help student-athletes develop and improve individual skills. Student-athletes will receive instruction on offensive, defensive, and shooting techniques. The student-athletes will work on skills and implement those skills daily into game play. **Equipment Needed-** Each camper should wear a T-shirt, shorts, socks, and tennis shoes. Basketballs will be provided. **Please make sure to register before June 1<sup>st</sup> to guarantee shirt size.**

For more information contact Coach Adams at [adamsje@pearlandisd.org](mailto:adamsje@pearlandisd.org) or call 281-412-1685

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## 2024 Pearland Oiler Basketball Camp Registration Form

(Please print clearly)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Age/Grade \_\_\_\_\_ Shirt size (Circle one): Adult S M L XL XXL Youth S M L

Parents name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Office Phone: \_\_\_\_\_

Select a session:  Session 1: 4 yr old-2nd grader  Camp II: Incoming 3rd-6th graders  Camp III: Incoming 7th-9th graders

**Payment Method:**  Zelle-adams.jere@gmail.com  Venmo - @phsgirlsbbpride

**\*\*\*\* Please make sure Camper’s full name is in the memo of payment\*\*\*\***

I, as a parent or guardian, hereby give permission for my child to participate in the Pearland Volleyball camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the camp staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I may be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son/daughter. I hereby waive any claim I might have against the camp, director, or the institutions providing the facilities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s Signature

This athletic camp follows the guidelines set forth by Pearland ISD and the UIL