



# ***13<sup>th</sup> Annual Warriors Summer Basketball Camp***

Once again this year, we will be having two camps in one: a 'beginner' camp and an 'advanced' camp. The focus of both camps will be skills development and conditioning, just at different levels. The beginner level will take players as young as 5<sup>th</sup> grade (10 yrs). We will also consider those under 10 who have some basketball experience already. The advanced level will be for current Spirit high school players as well as EXPERIENCED players from outside of Spirit. This camp is open to all boys and girls who are homeschooled and want to play basketball (you DO NOT need to be a student at Spirit Academy to participate in Spirit Athletics).

We will be meeting at Grijalva Park Sports Center located at 368 N Prospect Ave Orange, CA 92869 (see map below). We will be meeting on Saturday nights in June and July. See the detailed schedule on the schedule page.

The beginner level will start at 5:45 PM and go until 7:30 PM with the advanced level starting at 7:15 PM and ending at 9:30 PM. **Our first night will be Saturday June 2, 2018 starting at 5:45 PM for the beginners and 7:15 PM for the advanced group.**

In addition to the camp nights, we will try to have scrimmage games with other schools scattered throughout the summer as well as league and tournament games for both the boys and girls teams (select advanced group players only).

Cost for the entire 8-week summer camp: \$150 (payable to Spirit Academy) We offer multi-player discounts for families with the second player cost of \$125, the third player cost of \$100 and any more than three players are FREE!

If you have any questions, e-mail John Simons at [athletics@spiritacademy.org](mailto:athletics@spiritacademy.org)

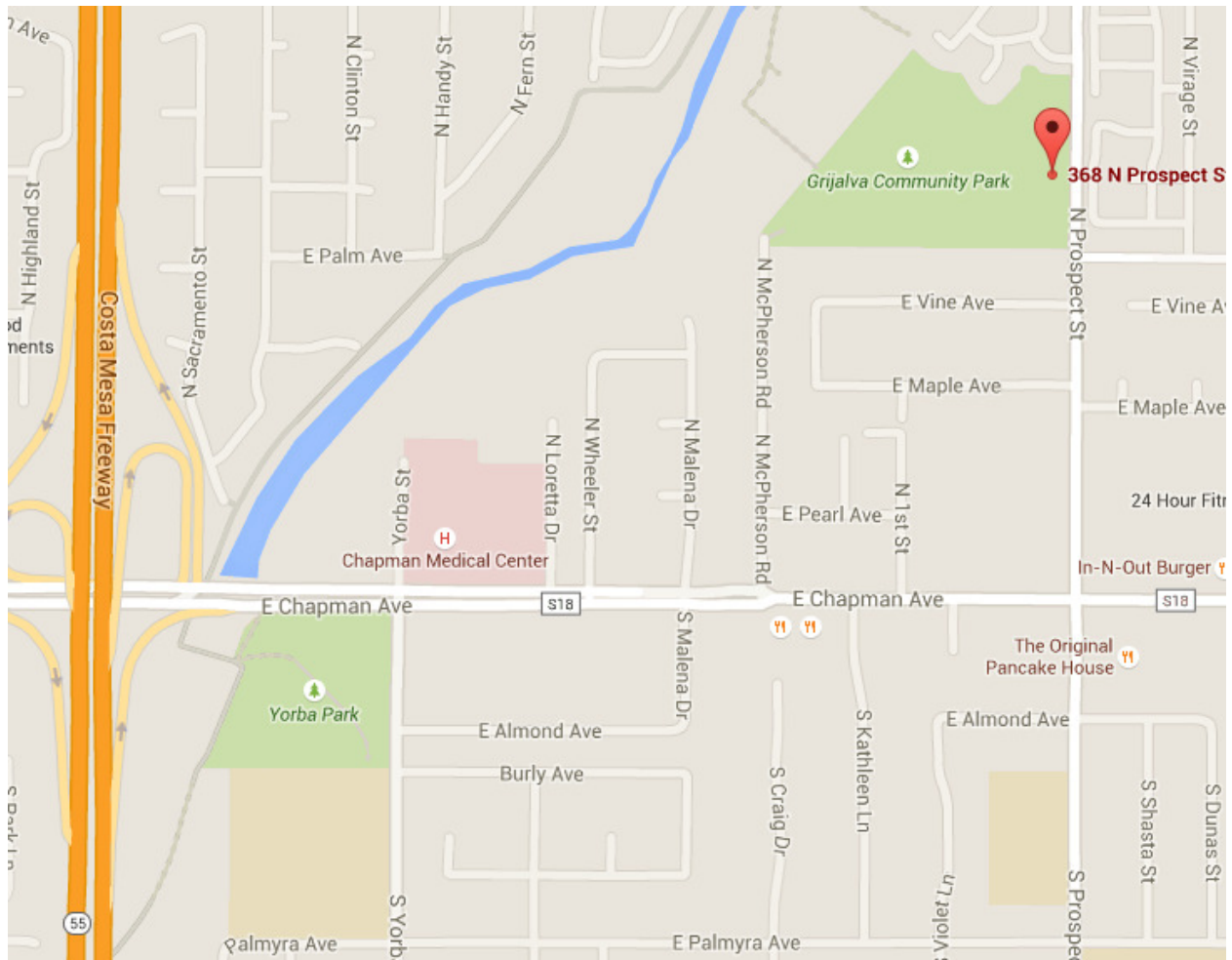
Please return the application form, medical release(s) (one per player) and payment to:

Spirit Academy Athletics  
ATTN: John Simons  
1372 Irvine Blvd  
Tustin, CA 92780



# Directions to Grijalva Park Sports Center

1. Take the 55 fwy and exit at Chapman Ave and head East
2. Take Chapman to Prospect Ave and turn left
3. At the first stoplight (Spring St) turn left into the parking lot
4. Follow the road around the soccer field and you will see the gym on your left



## ***Spirit Academy Warriors Basketball 2018 Summer Camp Schedule***

<u>Date</u>	<u>Time/Level</u>	<u>Description</u>
Sat June 2	5:45 PM Beg 7:15 PM Adv	Opening Night
Sat June 9	5:45 PM Beg 7:15 PM Adv	Camp Week #2
Sat June 16	5:45 PM Beg 7:15 PM Adv	Camp Week #3
Sat June 23	5:45 PM Beg 7:15 PM Adv	Camp Week #4
Sat June 30	5:45 PM Beg 7:15 PM Adv	Camp Week #5
Sat July 7	5:45 PM Beg 7:15 PM Adv	Camp Week #6
Sat July 14	5:45 PM Beg 7:15 PM Adv	Camp Week #7
Sat July 21	5:45 PM Beg 7:15 PM Adv	Camp Week #8

### ***The theme for this year's camp is: "All-In"***

A sold-out athlete never wavers in competition. A sold-out athlete doesn't look back. A sold-out athlete is consumed by a single goal. When an athlete is "All In", body, mind and spirit, there are no limits on what he or she can accomplish.

To be "All In" requires a few things. It requires total surrender of your plan. It requires a complete commitment to the goal. It requires absolute trust in the coach. It requires the courage to go big or go home. It requires a leap of faith. A sold-out relationship with Jesus Christ requires you to be "All In"—body, mind and spirit. Every thought, word and action is to glorify the Savior. No looking back, it's time to take a leap of faith and commit 100% to your Coach, Jesus Christ. When you are "All In" body, mind and spirit, there is no limit to what God can accomplish through you.

"And whatever you do, in word or in deed, do everything in the name of the Lord Jesus, giving thanks to God the Father through Him." Colossians 3:17

**Spirit Academy Warriors Basketball  
2018 Summer Camp Application**

Parent(s) Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Mom's Cell Phone #: \_\_\_\_\_  
Dad's Cell Phone #: \_\_\_\_\_  
Parent's E-mail: \_\_\_\_\_

Student's Name: \_\_\_\_\_ T-Shirt Size  
Cell Phone #: \_\_\_\_\_ YM YL AS AM AL AXL  
Student's E-mail: \_\_\_\_\_  
Age as of 9/01/18: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle Level  
Homeschool ISP: \_\_\_\_\_ Beg Adv

Student's Name: \_\_\_\_\_ T-Shirt Size  
Cell Phone #: \_\_\_\_\_ YM YL AS AM AL AXL  
Student's E-mail: \_\_\_\_\_  
Age as of 9/01/18: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle Level  
Homeschool ISP: \_\_\_\_\_ Beg Adv

Student's Name: \_\_\_\_\_ T-Shirt Size  
Cell Phone #: \_\_\_\_\_ YM YL AS AM AL AXL  
Student's E-mail: \_\_\_\_\_  
Age as of 9/01/18: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle Level  
Homeschool ISP: \_\_\_\_\_ Beg Adv

**Fee for first player is \$150, \$125 for second, \$100 for third. Please make checks payable to Spirit Academy**

I, the undersigned parent/legal guardian of \_\_\_\_\_  
do hereby give permission for my son(s)/daughter(s) to play basketball for summer of 2018. This includes practices  
and games, and travel associated with those activities. I release and hold harmless *Spirit Academy* in its entirety and  
their agents from any and all liability in conjunction with the participation in this sport.

Signature of parent or guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

# Student Athletic Emergency Card

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Friend or Relative to Notify if Parent cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Friend or Relative to Notify if Parent cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Notation Regarding Medical History:

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*If the above name student needs emergency medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician. If there is any change in insurance coverage, parents must immediately notify the school office.*

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_