

# 1st ANNUAL OVIEDO BASKETBALL CAMP



**JUNE 10TH-13TH AGES 8-14**  
**BOYS & GIRLS INCLUDING INCOMING FRESHMEN**  
**AT 9AM - 2PM EACH DAY**

**OVIEDO HIGH SCHOOL**  
**601 KING STREET**



For More Information contact Coach Young at  
[youngiz@scps.k12.fl.us](mailto:youngiz@scps.k12.fl.us)

# 2024 OHSBB CAMP INFORMATION

ATTENDING A OVIEDO BASKETBALL CAMP WILL HELP IMPROVE YOUR YOUNG PLAYER'S FUNDAMENTALS. OUR CAMPS TEACH THE GAME AND MAKE IT FUN AT THE SAME TIME. OVIEDO BASKETBALL CAMPS PROVIDE THE KIND OF POSITIVE EXPERIENCE THAT YOU AS A PARENT WANT FOR YOUR YOUNG PLAYER. WE USE BASKETBALL TO HELP KIDS BUILD CHARACTER, PROMOTE GOOD SPORTSMANSHIP, AND DEVELOP LEADERSHIP SKILLS.



## Date & Time

June 10th- 13th 9AM - 2PM  
Ages 8-14 Boys & Girls and incoming Freshmen



## Cost

\$125



## Registration

The OHSBB Camp Registration Form on the next page and the SCPS Waiver Form on the back need to be submitted before campers are allowed to participate in any sessions. You can drop them off at Oviedo High School, mail or email them.



## WHAT TO BRING

Campers should to bring their own lunch each day. Snacks will be available for sale.



## Location

All camp sessions will be held on the Oviedo High School campus. Drop-off and pick-up will be at the Robert W. Lundquist Gymnasium located in the back of campus (off of Pine Street).



## Theme of the Day

June 11th - Wacky Socks day  
June 12th - Wear your favorite players jersey

**Questions? Contact Coach Young at  
[youngiz@scps.k12.fl.us](mailto:youngiz@scps.k12.fl.us)**

## Staff

### Coach Young, Head Coach

Coach Young in his debut season led Oviedo High School to an astounding 25-5 record, clinching both the Regular Season and District Championships, and the Elite 8. 4 Players from the 23-24 season earned All-County and 3 players earned All-Area selections. Prior to coming to Oviedo Coach Young was a D1 assistant Coach at Arkansas State University from 2018-2023. As a player Coach Young was as a 2-time Juco All-American before playing in the SEC where he was an All-SEC PG at Auburn University. Follow his college career Coach Young went on to play 14 years overseas in various countries.

### Coach Wilson, Assistant Coach

Coach Wilson was instrumental in this years team success. Coach Wilson also a former player a Juco -All American and a starting PG at the University of Minnesota in the BIG 10 is known to be one of the best skill development coaches around. Coach Wilson's impact extends beyond the high school court. His guidance has been instrumental in the development of players like Anfernee Simons, a local talent who plays for the Portland Trail Blazers. Coach Wilson's mentorship has helped shape the careers of countless aspiring athletes

### Coach Morse, JV Head Coach

Coach Morse lead JV to a 14-3 record best in Seminole County. A local product, Coach Morse was a 2-time All- Conf selection at Orangewood Christian. After Orangewood Coach Morse went on to be a walk- on at UCF. Knowing he wanted to stay around the game Coach went on to be a GA at UCF under current HC Johnny Dawkins. Coach Morse has been huge in the development of our JV program as they prepare to transition to the varsity level.

### Coach Contreras, Freshman Head Coach

Coach Contreras led the freshman program to a 11-3 record the best in Seminole County. With 12 years of coaching experience, including 8 at the high school level, and a background as a 10-year veteran of the US Air Force, Coach Contreras brings a wealth of leadership and discipline to the program. His role in developing incoming freshmen and contributing to the program's overall success is crucial.

### Coach Dennis Varsity Assistant Coach

Coach Junior Dennis Varsity Assistant Coach. Coach Dennis brings wealth of experience to the Oviedo program. Coach D the former Associate HC at Northeast CC has 12 years of college coaching experience. Coach D has been instrumental in the development and growth of nenerous athlethes that he helped get to 4 year programs. The Bahamas native played a vital part in our 23-23 season.

**MEMBERS OF OVIEDO BASKETBALL PROGRAM  
WILL BE PART OF THE OHSBB CAMP**

# 2024 OHSBB CAMP REGISTRATION

CAMPER NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE ENTERING 2024-25 \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY, STATE, \_\_\_\_\_ ZIP \_\_\_\_\_  
PARENT/ GUARDIAN NAMES: \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_  
SCHOOL \_\_\_\_\_ YEARS PLAYED BASKETBALL \_\_\_\_\_ POSITION \_\_\_\_\_  
T-SHIRT SIZE (CIRCLE) YOUTH S M L ADULT S M L XL

## MEDICAL RELEASE AND WAIVER:

PARTICIPATING IN SPORTS CAMPS REQUIRES AN ACCEPTANCE OF RISK OF INJURY. OVIEDO HIGH SCHOOL AND THE CAMP STAFF HAVE TAKEN REASONABLE PRE-CAUTIONS TO MINIMIZE THE RISK OF SIGNIFICANT INJURY BY PROVIDING COMPETENT COACHING AND INSTRUCTION, WELL-MAINTAINED EQUIPMENT AND FACILITIES, AND PROPER CONDITIONING. EACH ONE OF YOU RISKS BECOMING INJURED. WITH THIS UNDERSTANDING, THE UNDERSIGNED DO HEREBY WAIVE AND RELEASE THE OVIEDO HIGH SCHOOL FACULTY AND CAMP STAFF FROM ALL LIABILITY, ARISING OUT OF ANY SICKNESS OR INJURY, INCLUDING DEATH THAT MAY OCCUR WHILE PARTICIPATING IN A SPORTS CAMP. I UNDERSTAND THAT SHOULD A HEALTH EMERGENCY ARISE, I WILL BE NOTIFIED, BUT THAT IF I CANNOT BE REACHED BY TELEPHONE, SUCH MEDICAL TREATMENT AS DEEMED NECESSARY BY COMPETENT MEDICAL PERSONNEL IS AUTHORIZED. OTHER THAN MEDICAL EMERGENCY, I AUTHORIZE OVIEDO HIGH SCHOOL TO EXAMINE AND TREAT MY CHILD IN THE SAME WAY THE HIGH SCHOOL STUDENTS ARE TREATED WITH THE NOTIFICATION OF PARENTS BEING DEPENDENT ON THE JUDGMENT OF THE PHYSICIAN.

PLEASE LIST ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

## CAMP PAYMENT:

PAYMENT CAN BE SUBMITTED AS CASH, CHECK MADE OUT TO OVIEDO HIGH SCHOOL OR ONLINE WITH CREDIT CARD. YOUR PAYMENT IS NON-REFUNDABLE AND IS DUE WITH YOUR REGISTRATION AND WAIVER FORM AS SOON AS POSSIBLE. TO PAY WITH CREDIT CARD, SCAN THE QR CODE BELOW TO ACCESS THE LINK THROUGH MYSCHOOLBUCKS. ALL REGISTRATION FORMS AND PAYMENT CAN BE:

OVIEDO BASKETBALL



SCANNED AND EMAIL TO  
YOUNGIZ@SCPS.K12.FL.US



**Questions? Contact Coach Young at  
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# Appendix I— Release and Waiver of Liability for Students

Applicants under age 18 must have parent or guardian complete Parts 1 and 2.

## **PART 1: Parent/Guardian Consent, Acknowledgement and Release** *(to be completed and signed by parent(s)/legal guardians(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign)*

- A. I hereby give consent for my child/ward \_\_\_\_\_ to participate in the \_\_\_\_\_ "Activity/Event."
- B. I know of and acknowledge that I and my child/ward know of the risks involved in "Activity/Event", understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in "Activity/Event". With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, and the contest officials, of any and all responsibility and liability for any injury or claim resulting from such "Activity/Event" participation and agree to take no legal action against the school, the schools against which it competes, the school district, and/or the contest officials because of any accident or mishap involving the "Activity/Event" participation of my child/ward. As required in F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use of disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the "Activity/Event", upon its request, of all records relevant to my child's/ward's eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- C. In consideration for participating in this "Activity/Event", the undersigned, for himself/herself, his/her child/ward as well as the child/ward's legal guardians/ personal representatives, heirs and next of kin, acknowledges, agrees and represent that he/she, HEREBY RELEASES, WAIVES, HOLDS HARMELSS, DISCHARGES AND COVENANTS NOT TO SUE The School Board of Seminole County and each of its past, present, and future officers, directors, board members, affiliates, partners, agents, servants, representatives, attorneys, employees, predecessors, successors, subrogees, assigns, and insurer(s) ("releasees"), from all liability to the undersigned, his/her child/ward, personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of injury to my child/ward arising out of participation in the Activity/Event, whether caused by the negligence of the releasees or otherwise while the undersigned is participating in any way in the Activity/Event;
- D. **READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD/WARD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY/EVENT. YOU ARE AGREEING THAT, EVEN IF YOUR CHILD'S/WARD'S SCHOOL, OTHER PARTICIPANTS IN THE ACTIVITY/EVENT, THE SCHOOL DISTRICT, AND THE ACTIVITY/EVENT OFFICIAL'S USE REASONABLE CARE IN PROVIDING OR SUPERVISING THIS ACTIVITY/EVENT, THERE IS A CHANCE YOUR CHILD/WARD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY/EVENT BECAUSE THERE ARE CERTAIN INHERENT DANGERS WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS RELEASE AND WAIVER, YOU ARE GIVING UP ALL CLAIMS AND POTENTIAL CAUSES OF ACTION YOU AND YOUR CHILD/WARD MAY HAVE AGAINST YOUR CHILD'S/WARD'S SCHOOL, OTHER PARTICIPANTS, THE SCHOOL DISTRICT, AND THE ACTIVITY/EVENT OFFICIALS FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD/WARD OR ANY PROPERTY DAMAGE THAT RESULTS FROM PARTICIPATION IN THE ACTIVITY/EVENT. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND THE SCHOOL BOARD OF SEMINOLE COUNTY AND THE SCHOOL MAY DENY YOUR CHILD/WARD THE RIGHT TO PARTICIPATE IN THE EVENT/ACTIVITY.**
- E. I agree that the State Courts of Seminole County, Florida, and the federal courts of the Middle District of Florida, Orlando Division are the exclusive venue for any legal actions arising out of this Release and Waiver.
- F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all them at any time by submitting said revocation in writing to the School Board of Seminole County, Florida and my child/ward may no longer be eligible for participation in activity/event.
- G. Please check appropriate box(es):  
 My child/ward is covered under a health insurance plan.  
Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 have purchased supplemental insurance through Kid Guard.  
 My child is not covered by health insurance.

## **PART 2: Student Consent, Acknowledgement and Release** *(to be signed by participant at the bottom)*

I have read and agree to the Consent and Release from Liability and know of no reason why I am not eligible to participate in Activity/Event. I agree to follow the rules and abide by them set forth by Activity/Event. I know that participation in the Activity/Event is a privilege. I know of the risks involved in participation in the Event/Activity, and I understand that serious injury and even death is possible in participation and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in this Activity/Event, with full understanding of the risks involved. If I am 18 years of age or older, or emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, other participants in the Activity/Event, the school district, and the Activity/Event officials of any and all responsibilities and liability for any injury or claim resulting from such participation and agree to take no legal action because of any accident or mishap involving my participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in Activity/Event.

Please check if applicable:

I am 18 years of age or older/emancipated and I have a health insurance plan.

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_ I have no health insurance.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND WAIVER, AND I FREELY AND VOLUNTARILY SIGN THIS FORM.** *(only one parent/legal guardian signature is required)*

\_\_\_\_\_  
Name of Parent/Guardian (printed)

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

\_\_\_\_\_  
Date

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND WAIVER, AND I FREELY AND VOLUNTARILY SIGN THIS FORM.** *(student/participant signature is required)*

\_\_\_\_\_  
Name of Student (printed)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date