



## OCEAN VIEW BOYS BASKETBALL

27 TIME LEAGUE CHAMPIONS  
2 CIF CHAMPIONSHIPS

**2024 SUMMER PROGRAM – BEGINS JULY 1<sup>st</sup>!**

**COST PER STUDENT ATHLETE:**

**FRESHMAN \$200 (Includes \$50 Practice Uniform)**

**RETURNING/NEW NON-FRESHMAN PLAYERS \$250**

**\*\*ALL STUDENT ATHLETES MUST HAVE A CURRENT PHYSICAL & CLEARANCE ON FILE\*\*\***

**PLEASE TURN FORM AND PAYMENT IN BY JUNE 14<sup>th</sup>**

**SUMMER PROGRAM INCLUDES:**

1. PRACTICE/INSTRUCTION FROM OCEAN VIEW STAFF MONDAY - THURSDAY
2. LEAGUE/TOURNAMENT GAMES (WEEKLY AND WEEKEND SITE/TIMES TBA)
3. TRAVEL TOURNAMENT FOR VARSITY/JV July 12-14 TO PALM SPRINGS

**MAKE CHECKS PAYABLE TO: OCEAN VIEW BOYS BASKETBALL**

**SEND TO:** OVHS BOYS BASKETBALL  
ATTN: COACH MELTON  
17071 GOTHARD STREET  
HB, CA 92647

**QUESTIONS:** VARSITY HEAD COACH CHRIS MELTON [cmelton@hbusd.edu](mailto:cmelton@hbusd.edu)

STUDENT ATHLETE'S NAME \_\_\_\_\_ GRADE IN 2024-2025 \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE# \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_

\*I hereby authorize Basketball Staff to act for me according to their best judgment in an emergency requiring medical attention, and I hereby waive and release the Summer Program, Coaches, Ocean View High School, and HBUHSD from any liability for any injuries incurred by my child at the Summer Program.

**PARENT/GUARDIAN:**

NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE \_\_\_\_\_