

# 2019 Starting Five Basketball Camp

Register at [www.startingfivebasketballcamp.com](http://www.startingfivebasketballcamp.com)

at Mendham High School

July 15<sup>th</sup> - 18<sup>th</sup>

9:00am - 2:00pm

**\*\*Boys & Girls Combined Week\*\***

Run by Mendham HS Boys and Girls Basketball Coaching Staff

Learn and practice the fundamentals of basketball in individual and team settings.

Camp highlights include:

\*Individual skill development\*

\*1-on-1 tournament\*

\*Full court games\*

\*Hot Shot tournament\*

July 15<sup>th</sup>-18<sup>th</sup>

9:00am - 2:00pm

Cost \$200 per week

## FEATURES

Skill Development \* Games \* Contests \* Camp T-Shirts \* Prizes

## COACHING STAFF

Hillary Klimowicz – Mendham HS Girls Varsity Basketball Coach

Phil Manuel - Mendham HS Boys Varsity Basketball Coach

Our staff consists of local high school coaches assisted by college and high school players.

Campers are supervised at all times. A low staff-camper ratio provides each camper with quality instruction.

Our goal is for each camper to grow and develop as a player while having fun.

**SPACE IS LIMITED \* Open to Boys & Girls Entering Grades 3<sup>rd</sup> – 9<sup>th</sup>**

----- Tear Along Dotted Line -----

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Home Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

T-Shirt Size Circle One: YL AS AM AL AXL

July 15<sup>th</sup> - 18<sup>th</sup>

Parent /Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy ID Number \_\_\_\_\_

Camper's Name \_\_\_\_\_

Allergies \_\_\_\_\_

Any Medical Condition \_\_\_\_\_ Home Number \_\_\_\_\_

I state that my son/ daughter is in good physical condition that will allow him/her to participate in *Starting Five Basketball Camp*.

I hereby give permission for my son/daughter to be treated by an athletic trainer or any medical professional deemed necessary by *Starting Five Basketball Camp*.

*In case of injury or illness requiring medical attention, every effort will be made to contact the parent or guardian.*

Make Checks Payable to: *Starting Five Basketball Camp LLC*

Questions? Email [startingfivebasketballcamp@gmail.com](mailto:startingfivebasketballcamp@gmail.com) or call (908)456-0665

