John Castaldo's Championship 2008 Basketball Camp

HELd AT:
THE COLLeGE OF NEW JERSEY
(609) 771-2446 castaldo@tcnj.edu

Boys & Girls Ages 7-17 Day Camps/Clinics

FULL DAY or 1/2 DAY OPTION
CAMPS: July 21-24 (M-R)
August 11-14 (M-R)
Web pages: www.tcnj.edu/~mbasket/
www.tcnjathletics.com

(JOHN CASTALDO PResident
Championship basketball camp
Director of Athletics at
The College of New Jersey)

28 Years of Coaching Experience:
• 14 years at The College of New Jersey
• 10 years at McCorristin High School
• 4 years at Notre Dame High School
• 410 wins in 24 years as a head coach
• Directing camps for 23 years
• NJAC Coach of the Year 2005-2006, 1998-1999
• Led team to a top two national ranking

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CAMP DIRECTORS:
Members of TCNJ Coaching Staff
The TCNJ Coaching Staff will serve as the Camp Directors and Camp Supervisors. They will handle all daily camp operations, and all have a great deal of basketball and camp experience. They will supervise the day-to-day camp operations.

OPEN TO BOYS and GIRLS
AGES 7-17

JULY 21 - 24 (Mon.-Thurs.)
Activities conducted both inside and outside!
Full Day 9 AM-3:30 PM ($190) with lunch
Full Day 9 AM-3:30 PM ($170) bring lunch
Half Day 9 AM-Noon ($105) no lunch
EXTENDED CAMP HOURS: 8 AM-9 AM Cost: $3 per day and/or 3:30 PM-4:30 PM Cost: $3 per day

AUGUST 11 - 14 (Mon.-Thurs.)
Activities conducted in Air Conditioned Rec. Ctr.!
Full Day 9 AM-3:30 PM ($170) LUNCH IS NOT PROVIDED - PIZZA WILL BE SOLD DAILY
NOTE: Pool may not be available!
Half Day 9 AM-Noon ($105)
EXTENDED CAMP HOURS: 8 AM-9 AM Cost: $3 per day and/or 3:30 PM-4:30 PM Cost: $3 per day

PROJECTED DAILY DAY CAMP SCHEDULE:
9 AM Check in Packer Hall 1 PM Games
9 AM Fundamentals 2:30 PM Swim or Ind. work
10 AM Games 3:00 PM Review/Contest
Noon Lunch/Lecture 3:30 PM Camp Close
(Note: if pool is available, a 45 min. slot will be included)
RETURN BOTH SHADED FORMS!
Make check payable and mail to:
CHAMPIONSHIP BASKETBALL CAMP, INC.,
7 ROBERT FROST DR., TRENTON, NJ 08690
(PRINT CLEARLY / WALK UP REGISTRATION ADD $1 D!)

Camper Name: ____________________________

Age: _______ NEED EMAIL ADDRESS FOR CONFIRMATION!

Email Address: ______________________________

Address: __________________________________

City: ______________________________________
St: ___________ ZIP: ___________

H-Phone: ( ) _________________________

Grade: _______ Gender: M F

DAD DAY CAMP: July 21-24 (Mon.-Thurs.)
— Full Day 9AM-3:30PM ($190) with lunch
— Full Day 9AM-3:30PM ($170) bring lunch
— Half Day 9AM-Noon ($105) no lunch/no swimming
— Extended Hrs. Program ($3 per hr. - per day):
  8-9AM M T W R (circle)
  3:30-4:30PM M T W R (circle)

DAY CAMP: August 11-14 (Mon.-Thurs.)
— Full Day 9AM-3:30PM ($170) bring lunch or pizza
— Slices sold daily!
— Half Day 9AM-Noon ($105)
— Extended Hrs. Program ($3 per hr. - per day):
  8-9AM M T W R (circle)
  3:30-4:30PM M T W R (circle)

PARENT PERMISSION
MUST BE COMPLETED:
Parents will be notified in the event of serious illness/injury at camp. First aid will be provided at Health Services for less serious problems. Anyone requiring immediate attention will be taken to a local emergency department. The law requires that parental permission be obtained for medical procedures on minors. Such permissions are needed in advance to avoid delays in securing medical aid, in emergency circumstances. SIGN the permission statement below in order to participate.

- I give permission for medical or nursing care as may be deemed necessary for my child by the Health Services staff or whomever the college staff may designate. I authorize transportation of my child to an emergency medical facility for evaluation and/or treatment.
- In case of illness or other emergency, I agree to remove my child from TCNJ immediately upon notification by College or health services officials.

Family Doctor: ___________________________________________
Last Tetanus/Diphtheria booster: _______________________

If your child is allergic to any medication and/or food, takes any medication, has had physical activity restricted, has any chronic health problems, is under a physician's care for any reason, or has been treated for any psychological or emotional illness please describe on a separate sheet of paper and include in this registration. An emergency number that should be called first to reach a parent:

(________________________) In case of emergency the following person is authorized to act on my behalf: ______________________

and may be reached at (_____) ______________________.

PARENT
NAME: ______________________________________
DATE: ______________________________________
Home #: ____________________________
Work #: ____________________________
Cell #: ____________________________

PARENT
SIGNATURE: ______________________________________

PLEASE READ THE INFORMATION BELOW:

* CAMP CONFIRMATION: YOUR CANCELLED CHECK IS YOUR CONFIRMATION. IF YOU DESIRE ADDITIONAL CONFIRMATION YOU MUST PROVIDE YOUR EMAIL ADDRESS—PLEASE PRINT CLEARLY!

* CAMP LOCATION: The College of New Jersey, PO Box 772, Ewing, NJ 08628, (609) 772-2446, email: castaldo@tcnj.edu

* EXTENDED CAMP HOURS: 8AM-9AM - Cost $3 per day AM and 3:30-4:30 PM - Cost $3 per day PM.

* MEALS/SWIMMING: Air conditioned cafeteria “all you can eat.” NOTE: Swimming MAY NOT BE AVAILABLE — if available, must pass swim test.

* CAMP CHECK IN/CAMP DISMISSAL: It is highly recommended at drop-off and pick-up that you walk in/out with your child. At Camp Dismissal you are responsible for your child. At the end of the camp day campers will be dismissed as a group. If you desire a different check out procedure contact John Castaldo (609- 772-2446). Review pick up procedures with your child.

* CAMP REFUND: NO CAMP REFUND PRIOR TO 3 WEEKS BEFORE CAMP. An administrative fee of $25 — strictly enforced! No refunds once camp begins!

* WALK-UP REGISTRATIONS: Accepted if available (CASH ONLY). Lunch is NOT available for walk up registration participants so please bring your lunch.

* MEDICAL: All efforts are made to protect the health and safety of the campers. However, the camp director and TCNJ assume NO responsibility for illness or accidents. COMPLETE PERMISSION FORM ON THIS BROCHURE-BOTH SIDES (shaded sides).

* INSURANCE: Camp insurance is a secondary policy.

* DISCIPLINE: Any serious violation of camp rules or regulations will result in dismissal from camp. If a camper is dismissed or withdraws from camp there will be NO refunded credit. The camp will not allow any type of corporal punishment or deprivation of food or drink.

* DIRECTIONS TO TCNJ: TCNJ is located in Ewing, NJ. The campus is accessible by taking exit 9 of I-95 South or exit 50 North. TCNJ is 5 min. across the Delaware River from PA. 5 min. from the NJ Turnpike. Upon entering TCNJ bear right, proceed straight for 1 mile at bottom of hill. Turn left to Packer Hall Lot #17. If lot #17 is closed park in general lot across from Lions Club in lot #3 or #4 and follow sidewalk to Packer Hall Gym.

* PARKING: YOU MUST OBSERVE ALL PARKING AND DRIVING REGULATIONS WHILE ON CAMPUS!
Speed limit on campus is 15 mph - do not park in restricted areas. Camp is not responsible for driving/parking regulations.

* DISCIPLINE:

- Extended Hrs. Program ($3 per hr. - per day):
  - 8-9AM M T W R (circle)
  - 3:30-4:30PM M T W R (circle)

* INSURANCE:

- Family Doctor:_________________________
- Last Tetanus/Diphtheria booster:_________________________

* MEDICAL:

- If your child is allergic to any medication and/or food, takes any medication, has had physical activity restricted, has any chronic health problems, is under a physician's care for any reason, or has been treated for any psychological or emotional illness please describe on a separate sheet of paper and include in this registration. An emergency number that should be called first to reach a parent:

- In case of emergency the following person is authorized to act on my behalf: ______________________

- and may be reached at (_____) ______________________.

* PARENT

- NAME: ____________________________
- DATE: ____________________________
- Home #: ____________________________
- Work #: ____________________________
- Cell #: ____________________________

* PARENT

- SIGNATURE: ____________________________

* WALK-UP REGISTRATION:

- Accepted if available (CASH ONLY). Lunch is NOT available for walk up registration participants so please bring your lunch.