Boys & Girls Ages 7-17
Day Camps/Clinics

FULL DAY or 1/2 DAY OPTION
CAMPS: July 6–9 (M-R)
Web pages: www.tcnj.edu/~mbasket/
www.tcnjathletics.com
* Overnight Boys Team Camp July 10-12
check web page
or email dkwillia@tcnj.edu

CAMP DIRECTOR

KELLY WILLIAMS, TCNJ Head Basketball Coach 609-771-2487 - dkwillia@tcnj.edu

- In his first season as TCNJ Basketball Coach, Kelly Williams led the team into the NJAC Playoffs and to a second place finish in the South Division.
- 9 yr. head coach at Mercer County College, leading the Vikings to a 154 — 100 record during his tenure.
- 6X Garden State Athletic Conference Champions
- 3X NJCAA DII, Region XIX Finals Appearances
- 2000 JC College DII/III Coach of the Year
- Coach Williams has over 10 years of head coaching experience and is a former outstanding basketball player at TCNJ. He has directed summer camps for numerous years. Kelly will direct and supervise all the day to day operations of camp.

CAMP PRESIDENT

JOHN CASTALDO, DIRECTOR OF ATHLETICS
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
- Coordinating basketball camps for 24 years
- Led team to a top two national ranking in defense in 2006; Champions 1998

CAMP STAFF

- Greg Grant: TCNJ Basketball Staff;
  - Former 7 yr. NBA Player (Suns, 76ers, Knicks, Nuggets).
  - TCNJ Career pts. Leader 2,611 pts.
  - ’89 DIII National Player of the Year
  - President of GGrant 94ft. Academic Sports Academy
- Additional TCNJ Staff: Mike Falco, Chris Poznick, Frank Schermerhon, Larry Baldasari.
RETURN BOTH SHADE FORMS!
*Make check payable to:
CHAMPIONSHIP BASKETBALL CAMP, INC.,
*Mail application and check to:
John Castaldo, Athletics Department, The College of New Jersey, PO Box 778, Ewing, NJ 08628

(Print clearly) / Walk up registration add $1!

Lunch option may not be available at walk up.

Camper Name: ________________________________
Age: __________

Need email address for confirmation!

Email Address: ________________________________

Address: ___________________________________________

City: __________________St: __________ZIP: __________

H-Phone: ( )__________________________
C-Phone: ( )__________________________
W-Phone: ( )__________________________

Grade: _________ Gender: M F

DAY CAMP: July 6-9 (Mon.-Thurs.)
____ Full day 9AM-3:30PM ($195) with lunch
____ Full day 9AM-3:30PM ($175) bring lunch
____ Half day 9AM-Noon ($100) no lunch/no swimming
____ Extended Hrs. Program ($3 per hr. - per day):

__________________ __________________
8-9AM M T W R
3:30-4:30PM M T W R

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 whatever 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: ________________________________
Insurance Co: ________________________________

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 is 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: ________________________________