Boys & Girls Ages 7-17
Day Camps/Clinics
FULL DAY or 1/2 DAY OPTION
CLINIC: June 19 - 22 (T-F)
CAMPS: June 25 - 28 (M-R)
July 16 - 19 (M-R)
August 6 - 9 (M-R)

Web page(s): www.tcnj.edu/~mbasket/
www.tcnjathletics.com
(Overnight Camp July 20-22 check web page or email castaldo@tcnj.edu)

DIRECTOR

John Castaldo
Head Coach
The College of NJ
28 yrs of Coaching:

- 14 years at The College of New Jersey
- 10 years at McCorristin High School
- 4 years at Notre Dame High School
- Over 400 wins in 24 years as a head coach
- Directing camps for 22 years
- Led team to a top two national ranking in defense in 2006

CO-DIRECTORS:
Matt Hunter & Kevin McMahon
CAMP SUPERVISOR: Chris Balent
All have served on John Castaldo’s coaching staff at TCNJ and have worked Coach Castaldo’s summer camps and clinics in the past. They have a great deal of basketball and camp experience and will supervise the day-to-day camp operations.

ENTRY:
OA2007 - TUEFRI
Boys/Girls ages 7-17 - Cost $95 or $30 per day
Session I: 9AM — 11:30AM
Session II: 6PM — 8:30PM

SESSION I 9 - 11:30AM OR SESSION II 6 - 8:30PM
9:00/6:00 Check-in Packer Hall Gym 9:15/6:15 Warm-Up
9:30/6:30 Skill Development 10:30/7:30 Break
10:45/7:45 Foul Shooting Improvement 11:00/8:00 Skill Training
11:30/8:30 Close

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
11 AM Lunch/ Lecture  3:30 PM Camp Close
(Note: if pool is available, a 45 min. slot will be included)
**Camp Information**

**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 copy!

**CAMP LOCATION:** The College of New Jersey, PO Box 771, Ewing, NJ 08628 (609) 771-2446, email: castaldo@tcnj.edu.

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

**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) 771-2446. Review pick up procedures with your child.

**CAMP REFUND INSURANCE/REFUND POLICY:** Pay $25 for camp refund insurance — enables you to a full cash refund up to but not including the first day of camp - otherwise full credit to attend another camp session minus 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 4 of I-95 Southern. TCNJ is 5 min. across the Delaware River from PA & 20 mins. from the NJ Turnpike. Upon entering TCNJ bear right, proceed straight for 1 mile at bottom of hill, turn left following. Packer Hall Lot #11. If lot #11 is closed park in general lot across from tennis court 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.

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**RETURN BOTH SHADED FORMS! Make check payable and mail to:**
CHAMPIONSHIP BASKETBALL CAMP, INC., 7 ROBERT FROST DR, TRENTON, NJ 08690
(PRINT CLEARLY / Refund Insurance on other side)

Camper Name: ___________________________ Age: ___________________________
Email Address: _____________________________
Address: ____________________________
City: ________________________ St: ______ ZIP: ____________
H Phone: ____________________ S Phone: ____________________
Grade: ______________________ Gender: M F School: ________________

**CLINIC:** June 19-22 (Tues.-Fri.)

- Session I: 9AM-11:30AM ($85 or $30 per day)
- Session II: 6PM-8PM ($85 or $30 per day)
- Extended Hrs. Program ($3 per hr. - per day): Camper Refund Insurance ($25)
  8-9AM $25 (circle) 11:30-12:30PM $25

**DAY CAMP: June 25-28 (Mon-Thurs.)**

- Full Day 9AM-3:30PM ($180) with lunch & IF AVAILABLE swimming
- Full Day 9AM-3:30PM ($160) bring lunch & IF AVAILABLE swimming
- Half Day 9AM-Noon ($100) no lunch/ no swimming
- Extended Hrs. Program ($3 per hr. - per day):
  Camper Refund Insurance ($25)
  8-9AM $25 (circle) 11:30-12:30PM $25

**DAY CAMP: July 16-19 (Mon-Thurs.)**

- Full Day 9AM-3:30PM ($180) with lunch & IF AVAILABLE swimming
- Full Day 9AM-3:30PM ($160) bring lunch & IF AVAILABLE swimming
- Half Day 9AM-Noon ($100) no lunch/ no swimming
- Extended Hrs. Program ($3 per hr. - per day):
  Camper Refund Insurance ($25)
  8-9AM $25 (circle) 3:30-4:30PM $25

**DAY CAMP: August 6-9 (Mon-Thurs.)**

- Full Day 9AM-3:30PM ($180) bring lunch & Swimming NOT AVAILABLE
- Half Day 9AM-Noon ($100)
- Extended Hrs. Program ($3 per hr. - per day):
  Camper Refund Insurance ($25)
  8-9AM $25 (circle) 3:30-4:30PM $25

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**PARENT PERMISSION:** 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.

- Parent permission can 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: ____________________________
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 to reach a parent:

(________________________) ____________________________

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

May be reached at (________________________)

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**PARENT NAME:** ____________________________
**SIGNATURE:** ____________________________
**DATE:** ____________________________

**Home #:** ____________________________
**Work #:** ____________________________

**Cell #:** ____________________________

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**CAMP REFUND INSURANCE / REFUND POLICY:** With a separate check include $25 for camp refund insurance. This enables you to a full cash refund up to, but not including, the first day of camp - otherwise a credit to attend another camp session minus an administrative fee of $25. No cash/credit refunds once camp begins!