John Castaldo's Championship 2007
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

CLINIC: June 19 - 22 (T-F)
CAMPS: June 25 - 28 (M-R)
July 16 - 19 (M-R)
August 6 - 9 (M-R)

OVERNIGHT BOYS CAMP – Rising 9-12 Grade
JULY 20-22
Web page(s): www.tcnj.edu/~mbasket/ www.tcnjathletics.com

JUNE 19 - 22
SKILL DEVELOPMENT - TWO SESSIONS!
TUESDAY TO FRIDAY
Boys/Girls ages 7-17 - Cost $95 or $30 per day
Session I: 9AM—11:30AM                     Session II: 6PM—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

CAMP STAFF
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.

JUNE 25 - 28 (Mon.-Thurs.)
Activities conducted both inside and outside!
Full Day 9 AM-3:30 PM ($180) with lunch
NOTE: Pool may not be available!
Full Day 9 AM-3:30 PM ($160) bring lunch
Half Day 9 AM-12 PM ($100) 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

JULY 17 - 20 (Mon.-Thurs.)
Activities conducted both inside and outside!
Full Day 9 AM-3:30 PM ($180) with lunch
NOTE: Pool may not be available!
Full Day 9 AM-3:30 PM ($160) bring lunch
Half Day 9 AM-12 PM ($100) 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 6 - 9 (Mon.-Thurs.)
Activities conducted in Air Conditioned Rec. Ctr.!
Full Day 9 AM-3:30 PM ($160) LUNCH IS NOT PROVIDED - PIZZA WILL BE SOLD DAILY
NOTE: Pool may not be available!
Half Day 9 AM-12 PM ($100)
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
12 PM Lunch/Lecture 3:30 PM Camp Close
(Note: if pool is available a 45 min. slot will be included)
An intense weekend for the serious hoops player!

- Designed for team improvement
- Emphasis placed on game play, team competition and individual improvement.
- Individuals that attend will be placed on a team.
- Special activities include: guest speakers, certified game officials, weight training seminar, and much more!

When comparing our facilities you will find we are second to none. Our indoor-air-conditioned student recreation center, Packer Hall Gym, eight outdoor courts, olympic size swimming pool, and state of the art weight room!

**Camp Information**

**CAMP HIGHLIGHT:** ALL GAMES ARE PLAYED ON TCNJ'S CAMPUS - no busing to off campus facilities!

**THE COLLEGE OF NEW JERSEY**

**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 camp name.

**Camp Location:** The College of New Jersey, P.O. Box 7718, Ewing, NJ 08628-7718. Email castaldo@tcnj.edu, websites www.tcnj.edu/mbasketball OR www.tcnjathletics.com

**Camp Extended Hours:** 8-9 AM - Cost $3 per day AM and/or 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 that drop-off and pick-up that you walk in town with your child. At Camp Strollers 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 after camp begins!

**Walk-up Registrations:** Accepted if available (Cash Only).

**Medical:** All efforts are made to protect the health and safety of the campers. However, the camp director and The College of NJ 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 refund credit. The camp will not allow any type of corporal punishment or disregard of food or drink.

**Directions to TCNJ:** TCNJ is located in Ewing, NJ. The campus is accessible by taking exit 4 of I-95 South & I-95 North. TCNJ is 5 min. across the Delaware River from PA. & 20 min. from the NJ Turnpike. Upon entering TCNJ, take right, proceed straight to Inn at Bartram's; Bear left to follow Park Avenue/Enterprise Way. Right on NC and follow to the entrance to the gymnasium.

**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. Camper is not responsible for driving/parking regulations.

**Camp Information:** Check payable and mail to:

7 ROBERT FROST DR., TRENTON, NJ 08690

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)

Camp Name: ___________________________ Age: ____________

Email Address: __________________________

Address: __________________________________________

City: __________________ St: __________ Zip: __________

Phone: ( ) ________________________________

Grade: ______ Gender: M F School: ________________

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

Session I: 8AM-9:30 AM ($95 or $20 per day)

Session II: 9AM-2:30 PM ($95 or $20 per day)

Extended Hours: Program ($3 per hr. - per day)

Camper Refund Insurance ($25)

8-9 AM T W R (circle) 9-11:30 AM M T W R F (circle)

**Day Camp:** June 25-28 (Mon.-Thurs.)

Full Day 9AM-3:30PM ($180) with lunch & IF AVAILABLE swimming

Full Day 9AM-3:30PM ($140) bring lunch & IF AVAILABLE swimming

Half Day 9AM-12PM ($100) no lunch/no swimming

Extended Hrs. Program ($3 per hr. - per day)

Camper Refund Insurance ($25)

8-9 AM M T W R (circle) 9-11:30 AM M T W R F (circle)

**Day Camp:** June 17-19 (Mon.-Thurs.)

Full Day 9AM-3:30PM ($180) with lunch & IF AVAILABLE swimming

Full Day 9AM-3:30PM ($140) bring lunch & IF AVAILABLE swimming

Half Day 9AM-12PM ($100) no lunch/no swimming

Extended Hrs. Program ($3 per hr. - per day)

Camper Refund Insurance ($25)

8-9 AM M T W R (circle) 9-11:30 AM M T W R F (circle)

**Day Camp:** August 6-9 (Mon.-Thurs.)

Full Day 9AM-3:30PM ($140) bring lunch & IF AVAILABLE swimming

Half Day 9AM-12PM ($100)

Extended Hrs. Program ($3 per hr. - per day)

Camper Refund Insurance ($25)

8-9 AM M T W R (circle) 9-11:30 AM M T W R F (circle)

**Overnight Camp:** July 21-23 (Fri.-Sun.)

Boys Only Rising 9th-12 Graders

Residential ($200) Commuter ($160)

**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!

**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. 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 of health services officials.

Family Doctor: __________________________

Insurance Co.: __________________________

Last Tetanus/Diphtheria booster: __________________________

If your child is allergic to any medication and/or food, take any medication, has had physical 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 your behalf: __________________________

**Parent Name:** __________________________

**Parent Signature:** __________________________

**Date:** __________________________

**Home #:** __________________________

**Work #:** __________________________

**Cell #:** __________________________

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**NOTICE TO PARENTS:** All games are played on TCNJ's campus - no busing to off campus facilities!