

FAST BREAK

BASKETBALL SPECTACULAR!!!

"DYNAMIC INSTRUCTION IN A POSITIVE FUN ATMOSPHERE!"

One of the best instructional basketball camps in New Jersey!

TOURNAMENTS

STATIONS

LEAGUES

CONTESTS

SPONSORED BY MORRISTOWN RECREATION

Who: For Boys and Girls ages 7 to 14

Where: Morristown High School Gymnasium

Choose one or two weeks:

_____ **WEEK ONE - MONDAY JUNE 28 - FRIDAY JULY 2**

TIME: 9:00am – 1:00pm

_____ **WEEK TWO - TUESDAY JULY 6 - FRIDAY JULY 9**

TIME: 9:00am – 2:00pm

(All campers should bring a snack or light lunch)

Camp Director: Doug Koban – Assistant Men's Basketball Coach and East Coast Scout for West Liberty University – NCAA Division II – Top 20 in the Nation

Camp Staff: Staff consists of former and active college players.

COST: **\$105.00 per resident camper** *(Morristown Residents have priority in registering)*
\$115.00 per *NON-RESIDENT camper

Camp Features:

- ✓ **Instructional Play League (7-8 year olds)**
- ✓ **High School Preparation League (9-11 year olds)**
- ✓ **High School Development League (12-14 year olds)**
- ✓ Free camp t-shirt
- ✓ A free pizza party
- ✓ Evaluations
- ✓ Awards ceremony with trophies
- ✓ All campers receive a basketball evaluation sheet and certificate of participation

Player's Name: _____

Phone: (_____) _____ **D.O.B** ____/____/____ **Grade** _____ **Male / Female (circle one)**

Address(Street,Town,Zip): _____

Emergency Phone# (_____) _____ **~Name:** _____

Town of Morristown WAIVER and CONSENT: As in any sporting activity, there are inherent risks and injury that may occur from time to time. I hereby give my consent for my child to participate in all activities at Fast Break Basketball Camp. I declare that my child is in good physical condition. I hereby give the staff of Fast Break Basketball Camp permission to render such medical care as, in their judgment may seem advisable for my child. I hereby discharge the staff of Fast Break Basketball Camp, the Town of Morristown, its agents, employees, appointed officials, volunteers, commissions, or associations from any and all claims or actions for losses, damages, or personal injuries due to participation in Fast Break Basketball Camp. I also hereby state that I, the parent/legal guardian, have adequate medical coverage and will not hold the staff liable for injuries incurred during the camp.

Signature

of Parent: _____ **Date:** _____

Note: List any additional medical information by enclosing a written document with this application.

Bring/mail registration to:
MORRISTOWN RECREATION
200 South Street, Room 362
P.O. Box 914
Morristown, NJ 07963-0914

(Make checks payable to "Town of Morristown")

***You are considered a non-resident if you live in Morris Township, Morris Plains, Convent Station, etc. Insufficient payment will be returned and you will not be registered until proper payment is received.**

