

# CAMP APPLICATION

PLEASE CHECK APPROPRIATE BOX FOR CAMP ENROLLMENT.

**JULY 10 - JULY 14**

MAIL PAYMENT TO:  
**REBOUNDS**  
1930 HECK AVENUE, BLDG 3  
NEPTUNE, NJ 07753

CHECK PAYABLE TO:  
**REBOUNDS**  
\$300

**JULY 24 - JULY 28**

MAIL PAYMENT TO:  
**BASKETBALL CITY**  
PIER 63 @ 23RD STREET  
NEW YORK, NY 10011

CHECK PAYABLE TO:  
**BASKETBALL CITY**  
\$350

**JULY 31 - AUGUST 4**

MAIL PAYMENT TO:  
**HOOP HEAVEN**  
125 ALGONQUIN PARKWAY  
WHIPPANY, NJ 07981

CHECK PAYABLE TO:  
**HOOP HEAVEN**  
\$300

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE (SEPT. 2006): \_\_\_\_\_

SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

METHOD OF PAYMENT:  CHECK  MASTERCARD  VISA  AMEX

CREDIT CARD #: \_\_\_\_\_

EXP DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DEP: \_\_\_\_\_

DATE: \_\_\_\_\_

BALANCE DUE: \_\_\_\_\_

**WAIVER & RELEASE**

I, THE UNDERSIGNED, SUBMIT THAT MY DAUGHTER IS PHYSICALLY FIT TO PARTICIPATE IN STRENUOUS ATHLETIC ACTIVITY, AND WAIVE ANY AND ALL CLAIMS I OR SHE MAY NOW OR HEREAFTER HAVE AGAINST THE NEW YORK LIBERTY BASKETBALL CLUB, MADISON SQUARE GARDEN, LP, THE WNBA, BBC HOOP VENTURES, BASKETBALL CITY, HOOP HEAVEN LLC, REBOUNDS AND HOOP GROUP AND ALL OF THEIR RESPECTIVE STAFF, AFFILIATED ENTITIES, OFFICERS, AGENTS AND EMPLOYEES IN CONNECTION WITH ANY INJURY, RECURRENCE OF ANY UNDISCLOSED PRE-EXISTING INJURY OR ILLNESS PRIOR TO THE FIRST DAY OF THE SESSION, AND ALL LIABILITIES OR CAUSES OF ACTION ARISING OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE CAMP.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**JULY 10 - JULY 14**  
REBOUNDS,  
NEPTUNE, NJ

**JULY 24 - JULY 28**  
BASKETBALL CITY,  
NEW YORK, NY

**JULY 31 - AUGUST 4**  
HOOP HEAVEN,  
WHIPPANY, NJ



**FREE  
LIBERTY  
GAME  
TICKETS**

**MEET  
LIBERTY  
PLAYERS**

BECKY  
HAMMON

**RAISING THE GAME.**



# SUMMER BASKETBALL CAMP

# CAMP '06



## BASKETBALL CAMP FEE INCLUDES

- New York Liberty Camp Shirt
- Camper Evaluation
- Liberty Player Appearances
- Two (2) Free Tickets to a select New York Liberty game

## DEPOSIT

\$150 deposit must accompany the application. Balance is due on or before the first day of camp.

**Please note: No refunds.**

## ADDITIONAL CAMP INFORMATION

Once your completed application and deposit are received, you will be sent a list of things to bring, including medical forms and more.

## BEFORE AND AFTER CARE

Each facility provides before and after hours care to meet your busy schedule. Hours and nominal fee vary at each facility. Check with local facility for complete information.

## TYPICAL DAILY SCHEDULE

9:00 – 9:15am	Introduction and warm-ups
9:15 – 9:45am	Group ball handling skills
9:45 – 10:45am	Group stations
10:45 – 11:00am	Camp break
11:00 – 12:00pm	Camp games and contests
12:00 – 1:00pm	Lunch
1:00 – 1:45pm	Guest lecture, including Liberty players
1:45 – 2:15pm	Team practices
2:15 – 3:45pm	Afternoon games, drills and contests
3:45 – 4:00pm	Camp wrap-up
4:00pm	Camp dismissal*

\*Rebounds camp dismissal is at 3:00pm.



## FOR MORE INFORMATION CONTACT YOUR CAMP OF CHOICE

### REBOUNDS

1930 Heck Avenue, Bldg 3  
 Neptune, NJ 07753  
 P 732-897-3196  
 F 732-502-9269  
[www.rebounds1.com](http://www.rebounds1.com)

### BASKETBALL CITY

Pier 63 @ West 23rd Street  
 New York, NY 10011  
 P 212-924-4040 ext. 106  
 F 212-924-5550  
 E [craig@basketballcity.com](mailto:craig@basketballcity.com)  
[www.basketballcity.com](http://www.basketballcity.com)

### HOOP HEAVEN

125 Algonquin Parkway  
 Whippany, NJ 07981  
 P 973-884-4667  
 E [info@hoopheaven.com](mailto:info@hoopheaven.com)  
[www.hoopheaven.com](http://www.hoopheaven.com)

SHAMEKA CHRISTON

