

**WELCOME TO
THE 22nd ANNUAL
GREEN KNIGHTS**

**BASKETBALL CAMP
AT SAINT JOSEPH
REGIONAL HIGH SCHOOL**



**3 SESSIONS: JULY 12-16
 JULY 19-23
 JULY 26-30**

****REGISTER BY MAY 1st ****

AND RECEIVE

**\$20 DISCOUNT
OFF 1 WEEK'S TUITION**

**REGISTER EARLY!!!
2009 SESSIONS
SOLD OUT!!!**

PLEASE JOIN US...

GREEN KNIGHTS BASKETBALL CAMP 2010

******THREE GREAT WEEKS******

SESSION 1: July 12-16 SESSION 2: July 19-23 SESSION 3: July 26-30

DIRECTOR: Michael Doherty – Head Basketball Coach
Saint Joseph Regional High School

LOCATION: Saint Joseph Regional High School
40 Chestnut Ridge Road, Montvale, NJ 07645

TIME: 9:00 a.m. to 3:00 p.m. (Monday through Friday)

WHO MAY ATTEND: **Boys ages 9-15 (Campers grouped by age and ability)**

COST: 1 week=\$215 2 weeks=\$410 3 weeks=\$600

STAFF: St. Joseph Regional basketball coaching staff; other top
area
high school and college coaches; college players; and high
school players as counselors

CAMP FEATURES: ***FREE Official Size & Weight Basketball for camper**
***TOP LECTURERS** including current college players and
coaches
***DEVELOPMENT** of individual and team offensive and
defensive skills
***INDIVIDUAL TEACHING STATIONS**
***TWO LEAGUE GAMES** per day
***OFFICIAL** Green Knights Basketball Camp Booklet
***FREE CAMP T-SHIRT** for camper
***WRITTEN EVALUATION** of player's strengths &
weaknesses

***FULL TIME TRAINER**

FACILITIES: *SJR Gymnasium *Outdoor Courts
*Lockers *Showers
*Cafeteria

BRING TO CAMP: sneakers, 2 pair of socks, shorts, 2 t-shirts, towel,
athletic supporter, lunch (camp provides drink), lock

FOR MORE INFORMATION CALL COACH DOHERTY AT (201) 391-3300

-----DETACH & RETURN WITH DEPOSIT-----

Name of Camper _____ Home

Address _____

Town _____ State _____ Zip _____

Grade entering in September of 2009: _____

Age _____ Height _____ Weight _____

Session(s) 1(July 12-16) _____ 2(July 19-23) _____ 3(July 26-30) _____

T-shirt size (men's) S M L XL (circle one)

A non-refundable deposit of \$125 must accompany this application. Balance due on or before July 5th.

Make checks payable to *Green Knights Basketball Camp* and mail to GREEN KNIGHTS BASKETBALL CAMP, Saint Joseph Regional H.S., 40 Chestnut Ridge Road, Montvale, NJ 07645

Please complete and sign the WAIVER/CONSENT FORM on the reverse side of this page.

PARENTAL WAIVER & CONSENT FORM

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the sport(s) designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors, representatives and the owner of the athletic field for any injury that may be suffered by my child in the normal course of participation in the designated sports and the activities incidental thereto, whether the result of negligence or any other cause.

Name of Child **Date of Birth**

Street Address **Town**
State

Please list any physical limitations (allergies, hearing, sight, etc.)

Parent's Signature **Date**

Green Knights Basketball Camp Basketball
Name of Sponsoring Organization Designated Sport(s)

Period of Authorization – Session(s): 1 _____ 2 _____ 3 _____ (please check)