



# **2016 Mendham Boys Basketball Camp**

**at Mendham High School**

**July 11<sup>th</sup> - 14<sup>th</sup>**

**9:00am - 12:00pm**

**Open to Boys Entering Grades 4 - 9**

**Directed by Mendham HS Boys Basketball Coaching Staff**

The Mendham Boys Basketball Camp emphasizes the fundamentals of basketball which are necessary in the development of a successful player. Fundamentals will be taught and practiced in team and individual settings.

**July 11<sup>th</sup>-14<sup>th</sup>**

**9:00 am - 12:00pm Daily**

**Cost- \$135**

## **FEATURES**

Skill Development \* Games \* Contests \* Camp T-Shirts \* Prizes

## **COACHING STAFF**

Director- Kevin Schmid – Mendham HS Boys Varsity Basketball Coach

Sean Ulichny- Mendham HS Boys Junior Varsity Coach

Dan DePugh- Mendham HS Boys Freshman Coach

Matt Slattery- Mt. View Boys Basketball Coach

Greg DePugh- Mendham HS Boys Freshman Coach

Additional staff members consist of local high school coaches assisted by college and high school players. Campers are supervised at all times. A low staff-camper ratio provides each camper with quality instruction. Our goal is for each camper to grow and develop as a player while having fun.

**\*SPACE IS LIMITED \* ANY QUESTIONS CALL 973-723-0809\***

----- Tear Along Dotted Line -----

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Home Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

T-Shirt Size Circle One: (All shirts are adult sizes) **XS S M L XL**

Parent /Guardian Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy ID Number \_\_\_\_\_

Allergies \_\_\_\_\_

Any Medical Condition(s) \_\_\_\_\_

I state that my son is in good physical condition that will allow him to participate in the Mendham Boys Basketball Camp. The West Morris District, Kevin Schmid, nor the camp coaches are responsible for any injury incurred during normal play at camp. I release the camp sponsor and workers from any suits or actions in law or equity including but not limited to injuries or loss of personal property while at camp. I hereby give permission for my son to be treated by an athletic trainer or any medical professional deemed necessary by the Mendham Boys Basketball Camp. In case of injury or illness requiring medical attention, every effort will be made to contact the parent or guardian. If not able to be contacted, I give permission to transport my son to the hospital if deemed necessary.

Parent/Guardian Signature \_\_\_\_\_

**Make Check Payable to: Kevin Schmid**

**Mail Check and Registration to:**

**Kevin Schmid  
3 Birch Terrace  
Mt. Arlington, NJ 07856**