

Championship 2009 Basketball Camp

At THE COLLEGE OF NEW JERSEY
(609) 771-2487 dkwillia@tcnj.edu



Kelly Williams
DIRECTOR



John Castaldo
PRESIDENT

Boys & Girls Ages 7-17 Day Camps/Clinics

FULL DAY or 1/2 DAY OPTION

CAMPS: July 6-9 (M-R)

Web pages: www.tcnj.edu/~mbasket/
www.tcnjathletics.com

* Overnight Boys Team Camp July 10-12

check web page

or email dkwillia@tcnj.edu

CAMP DIRECTOR

KELLY WILLIAMS, TCNJ Head Basketball

Coach 609-771-2487 – dkwillia@tcnj.edu

- In his first season as TCNJ Basketball Coach, Kelly Williams led the team into the NJAC Playoffs and to a second place finish in the South Division.
- 9 yr. head coach at Mercer County College, leading the Vikings to a 154 – 100 record during his tenure.
- 6X Garden State Athletic Conference Champions
- 3X NJCAA DII, Region XIX Finals Appearances
- 2000 JC College DII/III Coach of the Year
- Coach Williams has over 10 years of head coaching experience and is a former outstanding basketball player at TCNJ. He has directed summer camps for numerous years. Kelly will direct and supervise all the day to day operations of camp.

CAMP PRESIDENT

JOHN CASTALDO, DIRECTOR OF ATHLETICS THE COLLEGE OF NEW JERSEY

28 Years of Coaching Experience:

- 14 years at The College of New Jersey
- 10 years at McCorristin High School
- 4 years at Notre Dame High School
- 410 wins in 24 years as a head coach
- Coordinating basketball camps for 24 years
- NJAC Coach of the Year 2005-2006, 1998-1999
- Led team to a top two national ranking in defense in 2006; Champions 1998



Day Camp

OPEN TO BOYS & GIRLS

AGES 7-17

JULY 6-9 (Mon.-Thurs.)

Activities conducted INDOORS - (air conditioned)

Full Day 9 AM-3:30 PM (\$195) *with lunch*

Full Day 9 AM-4:00 PM (\$175) *bring lunch*

Half Day 9 AM-Noon (\$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



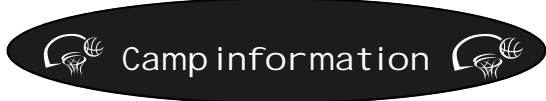
PROJECTED DAILY DAY CAMP SCHEDULE:

9 AM Check in Rec. Center	1 PM Games
9 AM Fundamentals	2 PM Swim or Ind. work
10 AM Games	3 PM Review/Contest
Noon Lunch/Lecture	3 PM Camp Close



CAMP STAFF

- **Greg Grant:** *TCNJ Basketball Staff;*
-Former 7 yr. NBA Player (Suns, 76ers, Knicks, Nuggets).
- TCNJ Career pts. Leader 2,611 pts.
- '89 DIII National Player of the Year
- President of GGrant 94ft. Academic Sports Academy
- **Additional TCNJ Staff:** Mike Falco, Chris Poznick, Frank Schermerhon, Larry Baldasari.



Camp information

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 CLEARLY!

***CAMP LOCATION:** The College of New Jersey, PO Box 7718, Ewing, NJ 08628, (609) 771-2487. email: dkwillia@tcnj.edu
websites: www.tcnj.edu/~mbasket/ OR www.tcnjathletics.com

***EXTENDED CAMP HOURS:** 8AM-9AM - 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." Must pass swim test.

***CAMP CHECK IN/CAMP DISMISSAL:** It is highly recommended at drop-off and pick-up that you walk in/out with your child. At Camp Dismissal 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 Kelly Williams (609- 771-2487). Review pick up procedures with your child.

***CAMP REFUND:** NO CAMP REFUND PRIOR TO 3 WEEKS BEFORE CAMP. An administrative fee of \$25 — strictly enforced! No refunds once camp begins!

***WALK-UP REGISTRATIONS:** Accepted if available (CASH ONLY). Lunch **MAY NOT** available for walk up registration participants so please bring your lunch. Walk up registration add \$10.

***MEDICAL:** All efforts are made to protect the health and safety of the campers. However, the camp director and TCNJ 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** refunded credit. The camp will not allow any type of corporal punishment or deprivation 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 bear right, proceed straight for 1 mile at bottom of hill, turn left follow to Packer Hall/Lot #17. If lot #17 is closed park in general lot across from Lions stadium in lot #3 or #4 and follow sidewalk to Packer Hall Gym.

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



RETURN BOTH SHADED FORMS!

*Make check payable to:

CHAMPIONSHIP BASKETBALL CAMP, INC.,

*Mail application and check to:

John Castaldo, Athletics Department, The College of New Jersey, PO Box 7718, Ewing, NJ 08628

(PRINT CLEARLY / WALK UP REGISTRATION ADD \$10!

LUNCH OPTION MAY NOT BE AVAILABE AT WALK UP)

Camper Name: _____

Age: _____

NEED EMAIL ADDRESS FOR CONFIRMATION!

Email Address: _____

Address: _____

City: _____

St: _____ ZIP: _____

H-Phone: () _____

C-Phone: () _____

W-Phone: () _____

Grade: _____ Gender: M F

DAY CAMP: July 6-9 (Mon.-Thurs.)

____ Full Day 9AM-3:30PM (\$195) with lunch

____ Full Day 9AM-3:30PM (\$175) bring lunch

____ Half Day 9AM-Noon (\$100) no lunch/no swimming

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

8-9AM M T W R (circle)

3:30-4:30PM M T W R (circle)

PARENT PERMISSION

MUST BE COMPLETED:

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 or health services officials.

Family Doctor: _____

Insurance Co: _____

Last Tetanus/Diphtheria booster: _____

If your child is allergic to any medication and/or food, takes any medication, has had physical activity restricted, has any chronic health problems, is under a physician's care for any reason, or has been treated for any psychological 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 my behalf: _____

and may be reached at () _____.

PARENT NAME: _____

DATE: _____

Home #: _____

Work #: _____

Cell #: _____

PARENT SIGNATURE: _____