

TEAM CAMP

CHAMPIONSHIP BASKETBALL 2009

Held at The College of NJ

At THE COLLEGE OF NEW JERSEY



Kelly Williams
DIRECTOR



John Castaldo
PRESIDENT

Outstanding Facilities: 6 indoor cts. (4w/AC), 16 cts. (glass backboards), all games played on TCNJ campus INDOORS!

CAMP TUITION RECEIVED BY JULY 1:

\$205 Residential / \$170 for Commuters

CAMP TUITION AFTER JULY 1:

\$215 Residential / \$180 for Commuters

Contact Information:

Coach Kelly Williams 609-771-2487

dkwillia@tcnj.edu

www.tcnjathletics.com

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

TEAM Camp

**OPEN TO Boys entering grades:
9, 10,11,12**

JULY 10, 11, 12 (FRI.-SUN.)

Check in Friday, July 10th

Check out Sunday, July 12th

All games played indoors!



When comparing our facilities you will find that we are second to none! Our indoor air conditioned recreation center, Packer Hall Gym, eight outdoor courts, Olympic size swimming pool, and state of the art weight room are some of the reasons why our facility ranks the best!

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.



PLEASE READ THE INFORMATION BELOW:

CAMP LOCATION: The College of New Jersey,
Box 7718, Ewing, NJ 08628
609-771-2487 dkwillia@tcnj.edu

MEALS: Air conditioned cafeteria "all you can eat."

REFUND POLICY: Full refund if prior to July 1, 2009 (minus \$25 administrative fee).

There are no refunds for injuries sustained during camp. Once camp begins no refunds can be issued!

WALK UP REGISTRATIONS: Accepted (CASH ONLY). Meals for commuter campers are not available at walk up registration.

MEDICAL: All efforts are made to protect the health & safety of the campers. However, the camp director & The College of NJ assume NO responsibility for illness or accidents.

COMPLETE REGISTRATION & CONSENT FORMS: 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 centrally located in Ewing, NJ. TCNJ is accessible by taking exit 4 off of I-95. TCNJ is 5 min. across the Delaware River from PA. & 20 min. from the NJ Turnpike.

Additional Information will be sent on July 1, 2009!

www.tcnj.edu/~mbasket/ or
www.tcnjathletics.com



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

Camper Name: _____

School: _____

Age: _____ **Grade:** _____

PROVIDE EMAIL FOR CONFIRMATION:

Email Address: _____

Mailing Address: _____

City: _____ **St:** _____ **ZIP:** _____

(H) Phone () _____

(W) Phone () _____

(C) Phone () _____

Coach's Name: _____

Coach's Phone: _____

_____ Residential Camper (\$205 received by 7/1)

_____ Residential Camper (\$215 received after 7/1)

_____ Commuter Camper (\$170 received by 7/1)

_____ Commuter Camper (\$180 received after 7/1)

Check in July 10: Residential 3-4 PM (in the dorms)
Commuters 5 PM in the Recreation Center

Check out July 12: Approximately at 2 PM

RETURN REGISTRATION AND CONSENT FORM ON REVERSE SIDE!

ADDITIONAL INFO. WILL BE SENT 7/1/09

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: _____