



**November 9<sup>th</sup> & 10<sup>th</sup>**

**2 Day Fall Basketball Clinic**

9:00am - 2:00pm

**Boys & Girls**

Grades: 1<sup>st</sup> – 8<sup>th</sup>

**All Towns Welcome!**

**Host:** Elmwood Park Varsity Boys Basketball Coach Kevin Tuohey & his basketball Staff.

**Hosting Location:** Elmwood Park Memorial Middle & High School (375 River Road, Elmwood Park, NJ)

**Camp Features**

Shooting/Dribbling Stations  
Defensive Stations  
Fundamentals of Basketball  
Games and Contests

Prize Shootouts  
Adjustable Hoops for Young Campers  
CPR/AED Certified Staff Members  
Campers Grouped by Grade/Skill Level



**Pizza, Snacks, and Beverages can be purchased on site daily. Each camper is responsible for his/her lunch.**

Register online at: [www.summerjambballcamp.com](http://www.summerjambballcamp.com)

OR

Mail completed registration form (see backside) along with payment to:

Summer Jam Basketball Camp  
c/o Kevin Tuohey  
375 River Road  
Elmwood Park, NJ 07407

*Registration must be postmarked or submitted online by  
October 27th in order to receive the discounted rate.*

**Registration Fee:**

\$80, on or before October 27<sup>th</sup>

\$100, on or after October 28<sup>th</sup>

\$110, walk up registration on 11/9 between 8-9am

For questions or concerns, shoot an email to: [summerjambballcamp@gmail.com](mailto:summerjambballcamp@gmail.com)



## **REGISTRATION FORM**

Campers Full Name: \_\_\_\_\_ M / F

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**\$80, on or before October 27<sup>th</sup> ~ \$100, on or after October 28<sup>th</sup>**  
**\$110, walk up registration on 11/9 between 8-9am**

*Registration must be postmarked by October 27th in order to receive the discounted rate.*

**Make checks payable to:  
Summer Jam Basketball Camp**

I hereby authorize the staff of Summer Jam Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention for my child if I cannot be contacted. In consideration of acceptance for my child, I hereby for myself, my child, their heirs, executors and administrators hold harmless, waive and release any claim we may have for damages against the above mentioned, camp operators, their officials, officers, employees or representatives, or their successors or assigns for any and all injuries that may be suffered. I attest that my child is in sound condition to participate in all activities. I certify that I am the parent/guardian of child/children listed above. I further agree that the above names parties are under no obligation to provide a physical examination or other evidence of child's fitness to participate in this program, the same being my sole responsibility.

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

\_\_\_\_\_  
Date