



SENATOR ELAINE PHILLIPS'



# FREE BASKETBALL CAMP

FREE FOR ALL! • BOYS AND GIRLS ALL SKILL LEVELS! • 3<sup>RD</sup> GRADE - 7<sup>TH</sup> GRADE

## SKILL STATIONS:

Ball Handling, Shooting, Strength and Conditioning, Positioning, Footwork, Skill Development and Special Fun Games

Space is limited to 60 campers. Reserve your spot today!

### Campers and Parents:

Fill out the following information and be sure to sign your name.

Name of Camper: \_\_\_\_\_ ☐ Boy ☐ Girl

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

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

Town: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Contact Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Campers Sportsmanship Pledge:** I realize that I am responsible for my personal conduct and the conduct of my teammates throughout the duration of this camp, both on and off the court. I vow to represent myself in a sportsmanlike manner and to treat other participants, spectators, and volunteers with respect.

**Camper/Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Need More Registration Forms?

Email Senator Phillips ([ephillips@nysenate.gov](mailto:ephillips@nysenate.gov)) or call (516) 746-5924.



**Tuesday, July 24, 2018**  
**Chabad of Port Washington**  
80 Shore Road  
**10 AM - 1 PM (registration begins at 9 AM)**

### Parents:

**Release/Waiver:** I acknowledge that my child will be participating in the Senator Phillips' Basketball Camp. I understand that this activity may require physical conditioning and/or skill, and I certify that my child is physically capable of participating in this activity. I also understand that there may be risks associated with this activity and I agree to follow all applicable instructions, rules and regulations during the course of my child's participation. I agree to release Chabad of Port Washington and all other hosts, organizers, and volunteers from responsibility for any injuries that my child may sustain while engaged in this activity. I hereby grant full permission to use any photographs, video or recordings of my child's likeness from this event for any purpose without reimbursement of any kind.



**Parent signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_