



1 ON 1 BASKETBALL CAMPS GIRLS Ages 7 to 14

Come out and join us! This year's 1 on 1 Basketball Camps run from July 21st to July 24th and July 28th to July 31st. We can't wait to see you there!

All girls ages 7 to 14 are invited to:

- Develop and improve your basketball skills.
- Receive individual instruction from high school and travel coaches.
- Gain an understanding of fundamental and advanced skills accordingly.

Where: Maple Point Middle, Langhorne, Pa

When: Monday July 21st thru Thursday July 24th or
Monday July 28th thru July 31st.

Time: 9:00 a.m. to 3:00 p.m.

Cost: Registration is accepted until July 14th - \$165 per child.

Cost for both weeks is \$300 per child

(Register anytime before July 9th and receive \$25 off for any additional sibling)

Costs include Camp T shirt, Guest Speakers, Awards and prizes

Please mail check and registration form to: (payable to Lower Bucks Basketball)

Lower Bucks Basketball

P.O. Box 1142

Langhorne, PA 19047

Questions ? Call Coach Dave Wisniewski 215 943 2495 or Coach Mike Veltrup 215 828 5238 or email questions to Dave Wisniewski at wamfam1@aol.com

2014 REGISTRATION FORM – 1 ON 1 CAMP

Name _____ Age: _____

School: _____ Date of Birth _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Parent Cell _____ Work _____

Emergency Contact _____ Phone: _____

Health Insurance _____ Policy# _____

Family Physician _____ Phone# _____

Family Dentist _____ Phone # _____

Allergies _____

Camp Shirt Size (circle one) AS AM AL AXL

Week of July 21st thru July 24th

Week of July 28th thru July 31st (circle one or both)

I understand that our child(ren) will be engaged in actual playing of the sport of basketball, and as with any sport, accident and injury can occur. I agree on my behalf and the behalf of my child(ren) not to hold any of the coaches responsible or liable for any occurrence involving the child(ren) while attending this program. I agree to release and discharge these coaches from any claim, demand, or damages from any actions and causes of actions arising out of any occurrence while at the program. I have insurance coverage which I feel is adequate. I understand clearly that the organizers of this program do not carry medical insurance. I authorize the 1 On 1 camp staff to act for me in the event of an emergency.

SIGNATURE OF PARENT OR GUARDIAN:

_____ Date _____



This event is licensed by the Amateur Athletic Union of the U.S., Inc.

All participants must have a current AAU membership.

AAU membership may not be included as part of the entry fee to the event.

AAU Youth Athlete membership must be obtained before the competition begins.

BE PREPARED! Adult and Non Athlete memberships are no longer instant and cannot be applied for at event.

Please allow at least 10 days for membership to be processed.

Participants are encouraged to visit the AAU website www.aausports.org to obtain their membership