

2019 WARRIOR BOYS BASKETBALL CAMP



**COME AND LEARN FROM
THE COACHES AND PLAYERS OF
MANASQUAN HIGH SCHOOL**

2019 CJ GROUP 2 STATE CHAMPIONS!

**BOYS GRADES K-8
JULY 8TH-11TH — 9:30AM- 12:15PM
AT MANASQUAN HIGH SCHOOL**

**INSTRUCTION BY MANASQUAN
COACHING STAFF AND
PLAYERS**

*PLAYERS GROUPED BY AGE AND SKILL
FOCUS ON FUNDAMENTALS
IMPROVE INDIVIDUAL SKILLS
LEARN TEAM CONCEPTS
INFORMATIONAL LECTURES
INSTRUCTIONAL STATIONS
SMALL SIDED TEAM GAMES*



4 DAY CAMP COSTS ONLY \$125!

WARRIOR BASKETBALL CAMP

MAKE CHECKS TO CAMP DIRECTOR:

*“ANDREW BILODEAU”
15 BOXWOOD TERRACE
TOMS RIVER, NJ 08755*

908-814-1438

ABILODEAU@MANASQUAN.K12.NJ.US

Camper Name: _____ Grade (Fall 2019) _____ T-Shirt Size: S M L XL XXL

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Emergency Phone: _____

Email Address: _____

Cash or Check in the amount of \$125 made payable to “Andrew Bilodeau” is required with this application.

Waiver: I hereby certify that the applicant is in good physical condition to take part in the basketball camp. If medical attention is required for illness or injury while attending the camp, I give my permission for such care and I certify that the applicant is covered by our medical insurance. Warrior Basketball Camp Directors and Staff, and Manasquan Public Schools are not responsible for payment of medical fees caused by injury incurred while participating in the Warrior Basketball Camp. By signing below, I grant the camp the right and permission with respect to the photographs/video that may be taken of my child(ren) or which may be included with others. The camp withholds the ability to use, re-use, and republish, in whole or in part, individually or in conjunction with other photo/video, in any medium and for any purpose whatsoever, including (but not always by limitation) illustration, promotion, advertising, and trade.

Parent/Guardian Signature/ Date: _____