



Mt. Olive Recreation

Summer EIB Basketball Camp 2009

Camp Goal: “Our goal is to consistently provide a focused, structured learning environment while instilling passion, work ethic, pride and skill to our basketball family.”

Who: Mt. Olive Recreation Department is offering this summer basketball camp to all boys and girls entering Grades 3 through 9

What: An opportunity to learn basketball skills and drills. This is a great way to continue to develop the skills you want for the upcoming Season.

When: **July 27 – 30** (Monday to Thursday, no camp on Friday)

Time: **9am to 3pm**

Where: Mt Olive High School Aux Gym, park in back lot.

Fee: **\$140.00 per Camper includes T-Shirt**

Sample of Daily Schedule:

9:00	Attendance / Organization / Stretch
9:15	Stations: Shooting, Handling, Passing, and Defense
10:15	Team drills
11:00	Snack Break
11:15	GAME TIME
12:00	Lunch
1:00	Individual Offensive Moves
1:45	Skills Contests
2:00	GAME TIME
3:00	Dismissal

Awards & Pizza on July 30

(Bring your own lunch, snacks and bottled water)

Registration: All registrations are sent to the Mt. Olive Recreation Department

Director Coach Jamie Ciampaglio:

Jamie Ciampaglio is a former 1st Team All-State High School player from Morris Knolls High School who later went on to star at Wagner College for P.J Carlesimo. Coach Ciampaglio completed his college career becoming New York / New Jersey / Metropolitan College Division I player of the year. After College he coached Division One Basketball for 14 years at Boston University, The University of Rhode Island and The University of Texas. He has worked with some of the best College and Professional Coaches such as Rick Pitino currently coaching at Louisville, Brendan Malone current Top Assistant Orlando Magic and Tom Penders current Head basketball Coach University of Houston.

Summer Basketball Camp (July 27-30, 2009)

Make Check Payable to “Mt. Olive Recreation” and send form to: Mt. Olive Township, Recreation Department, and P.O. Box 450, Budd Lake, NJ 07828 *Checks returned for insufficient funds will require an additional \$20 processing fee, in addition to cash or money order for the program. All refunds require a \$10 administrative processing fee.*

Name _____ Grade _____ Shirt size AS AM AL AXL

Address _____ Town _____ Phone _____

E-Mail Address: _____ Medical Conditions: _____

Emergency Information & Consent to treat:

I hereby give permission for the Mt. Olive Recreation Dept. (by way of the Recreation Dept. staff, rescue squad, police, etc.) to obtain necessary first-aid or medical treatment. Emergency Contact Name _____ Cell# _____

I give permission for my child’s name/picture to appear in local newspaper or our website? Yes / No

As in any activity, there are inherent risks and injuries that may occur. I hereby release and discharge the Township of Mt. Olive, its agents, employees, appointed officials, volunteers, commissions, or associations from any and all actions for losses, damages, or personal injuries to myself or my child which may occur or arise out of my or my child’s participation in the above activity. You will be called if there is a change in schedule. Your cancelled check will serve as your receipt.

Parent/Guardian Signature _____ Date _____ Fee Enclosed \$ _____

For Office use only: Check# _____ Cash \$ _____ Receipt _____ Initials: _____