

"GYM RATZ" SUMMER BASKETBALL CAMP

**"FALL SPECIAL" Attend any of the Hoop Starz Summer Camps
and deduct \$25.00 from any of the
Fall Boot Camp Clinics you choose to attend!**

Select Week (s)	Camp Date (s)	CAMP DESCRIPTION	CAMP HOURS - DAYS	CAMP CODE	WEEKLY COSTS	MY CAMP COST TOTAL
1. ()	JULY 13 thru JULY 17 GIRLS CAMP	GYM RATZ 'UNLIMITED' SUMMER BASKETBALL CAMP At TEANECK HIGH SCHOOL	Mon-Fri 9:00 - 3:00	09-07-13 TNECKBBCM P	\$250.00	
2. ()	AUG 17 thru AUG 21 Grades 3-9 GIRLS CAMP	GYM RATZ 'UNLIMITED' SUMMER BASKETBALL CAMP At NEW YORK SPORTS CLUB RAMSEY, NEW JERSEY	Mon-Fri 9:00-3:00	09-08-17 NYSCBBCMP	\$250.00	
3. ()	AUG 17 thru AUG 21 Grades 3-9 BOYS CAMP	GYM RATZ 'UNLIMITED' SUMMER BASKETBALL CAMP At NEW YORK SPORTS CLUB RAMSEY, NEW JERSEY	Mon-Fri 9:00-3:00	09-08-17b NYSCBBCMP	\$250.00	
4. ()	AUG 17 thru AUG 21 Grades 9-12 BOYS/GIRLS CAMP	"P3" Push Past the Pain College Workout for the High School Player At NEW YORK SPORTS CLUB RAMSEY, NEW JERSEY	Mon-Fri 5:00 PM - 9:00 PM	09-08-17hs NYSCBBCMP	\$250.00	

Applicant Information

CAMPER LAST NAME		CAMPER FIRST NAME		MALE
DATE OF BIRTH		AGE	GRADE AS OF SEPTEMBER	FEMALE
CAMPER T-SHIRT SIZE (ADULT SIZES { }XL { }LRG { }MED { }SMALL				
POINT OF CONTACT HOME PHONE ()		POINT OF CONTACT CELL PHONE ()		POINT OF CONTACT WORK PHONE ()
EXTENSION				
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT CELL PHONE NUMBER: ()		
CAMPER E-MAIL ADDRESS:		PARENTS E-MAIL ADDRESS:		
NUMBER OF CAMP WEEKS:		ADDRESS		
AMOUNT DUE: \$	PAID BY: CHECK CASH	CITY	STATE	ZIP

ALL CAMPERS MUST SUBMIT A CURRENT PHYSICIAN'S EXAMINATION & IMMUNIZATION RECORD UPON ARRIVAL AT CAMP.

FULL REFUNDS WILL BE ISSUED UNTIL JULY 01 UPON WRITTEN NOTICE OF CANCELLATION. REFUNDS AFTER JULY 01 WILL BE SUBJECT TO A \$50.00 ADMINISTRATION FEE. NO REFUNDS WILL BE ISSUED AFTER THE CAMP START DATE FOR EACH WEEK. CAMPERS LEAVING CAMP DUE TO ILLNESS OR INJURY WILL BE ISSUED A TRANSFERABLE CREDIT FOR ANY NVSA CAMP OR PROGRAM

I, BEING THE PARENT OR LEGAL GUARDIAN OF THE ABOVE MENTIONED MINOR, DO HEREBY CERTIFY THAT MY CHILD IS IN GOOD HEALTH AND MAY PARTICIPATE IN ALL CAMP ACTIVITIES. I HEREBY APPOINT THE DIRECTORS OF THE NVSA CAMP TO ACT ON MY BEHALF IN AUTHORIZING MEDICAL ATTENTION AND UNDERSTAND THAT NEITHER NVSA, ITS DIRECTORS OR STAFF ARE RESPONSIBLE FOR ANY MEDICAL COSTS INCURRED DUE TO ACCIDENT OR INJURY.

SIGNATURE: _____

DATE: _____

**MAIL FORM TO: GYM RATZ SUMMER CAMP
PO BOX 191
ENGLEWOOD, NJ 07631**

**CONTACT: NYSC, RAMSEY, NJ
201-327-3407**

CHECK OUT OUR WEBSITE: www.hoopstarznj.com