



TEMPLE BETH AM

# TEMPLE BETH AM BASKETBALL LEAGUE SUMMER CAMP August 2-6, August 9-13, August 16 -20, 2010



**Basketball**

Run by  
**Courtney Young, Director**

Drop Off & Pick Up in the Gym  
within the *Hessel Family Youth Complex*



\$250 for 1 week or \$200 per week for 2 or more weeks  
*Camp fee includes lunch, t-shirt and awards!*

Boys & Girls Basketball Camp  
Entering Grades 3 - 9

August 2-6 and/or August 9-13 and/or August 16-20

9:00 a.m. through 4:00 p.m.

Early drop off at 8:30 a.m. - Late pick up by 4:30 p.m.

Space is limited to 50 campers, so please reserve your spot early.

Boys and Girls Entering  
2nd Grade

Half Day Rookie Camp

9:00 a.m. - 12:30 p.m.

includes lunch

\$150 for 1 week or

\$125 per week for 2 or more weeks

WALK-INS

Walk-ins will only be taken if there is availability, you will not be guaranteed a spot unless you register.

For additional information please call the Basketball Hotline, 305.667.6667 ext. 141 or email Michelle Cohen at [mcohen@tbam.org](mailto:mcohen@tbam.org).

## Summer Basketball Registration Form - August 2010

(Only 1 Child Per Registration Form Please)

\_\_\_ August 2-6

\_\_\_ August 9-13

\_\_\_ August 16-20

\$\_\_\_\_\_ Please put your total here based on the amount of weeks your child is attending.

Player Name \_\_\_\_\_

Player Grade \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Parent 1 Name \_\_\_\_\_

Parent 1 Cell \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Parent 2 Cell \_\_\_\_\_

**PLEASE LIST ANY ALLERGIES OR IMPORTANT INFO ABOUT YOUR CHILD ON THE BACK OF THIS FORM OR ATTACH WITH THE APPLICATION.**

Parent 1 Signature \_\_\_\_\_ Parent 2 Signature \_\_\_\_\_

**Both parent signatures must be on file before a player is allowed onto the court, this rule is strictly enforced!**

Credit Card - Visa, MasterCard or AMEX

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ (if AMEX Corporate Card - 4 Digit Security Code \_\_\_\_\_)

Name on Card \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

In consideration of Temple Beth Am allowing my/our child to participate in all aspects of the Temple Beth Am Basketball league, I/we hereby release Temple Beth Am, its officers, directors, agents, employees, coaches, referees, and league administrators (collectively referred to as "Beth Am") from all liabilities, claims, demands, actions, damages, costs or expenses on account of injury or any other claims of any nature whatsoever arising out of or in any way connected with my/our child's participation in this League, including travel to and from any League event or practice, and we agree to hold the foregoing harmless therefrom. I/we understand that this waiver and release releases Beth Am from any claims based on Beth Am's own negligence, action or inaction or the negligent action or inaction of the participants and spectators, including, without limitation, negligent supervision, or lack of supervision, or lapses in supervision and all matters related to the condition of any Temple Beth Am property and other premises in which the basketball practices or games are held.

Clip & return with credit card or check payable to Temple Beth Am,

The Richard and Janet Yulman Campus, 5950 N. Kendall Drive, Pinecrest, FL 33156 ATTN: BASKETBALL OR Fax 305.662.8619