



# Miami Beach JCC's WINTER BASKETBALL CAMP

Galbut Family  
Miami Beach  
**JCC**  
Simkins Family Campus



## 4TH - 7TH GRADE

The MBJCC Winter Basketball Camp is an intensive skill training program focusing on team building through competitive workouts and games. The program encourages personal development while focusing on improving team skills and game fundamentals. A highly trained team of professionals ensure campers safety and skill development.

Campers will swim daily, please bring a swimsuit, towel, flip flops and sunscreen.

Kosher lunch and snacks will be provided.

### Intensive skill training will include:

- Fundamental drills
- Rebounding
- Passing
- Team play & concepts
- Offensive positioning
- Defensive positioning
- Skill challenges & competitions
- Ball handling
- Shooting
- Dribbling

### SCHEDULE

#### Week 1

Tuesday, December 27 – Friday, December 30  
(No camp 12/26)

#### Week 2

Tuesday, January 3 – Friday, January 6  
(No camp 1/2)

### CAMP HOURS

9 am – 4 pm

### \$ FEES

4 Day Fee: \$300 | Members: \$260

Daily Fee: \$85 | Members: \$70

Day-of Rate: \$90 | Member \$75

*No refunds or credits for missed days.  
Cancellations required 24 hours in advance for a refund.*

#### FOR MORE INFORMATION:

**Joe Campodonico •**  
Athletics Director  
 [joe@mbjcc.org](mailto:joe@mbjcc.org) | x211

#### REGISTER:

**Stella Gelsomino •**  
Registrar  
 [stella@mbjcc.org](mailto:stella@mbjcc.org)  
 x235

(Registration form on back)

# WINTER BASKETBALL CAMP 2016- 17 Registration Form

**REGISTRATION OPTIONS:**  
Email form, in-person or by phone.  
Stella Gelsomino • Registrar  
✉ stella@mbjcc.org | ☎ x235

REGISTRATION DATE: \_\_\_\_\_

MEMBER\*: ☐ Yes ☐ No

## PARTICIPANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthday (Mo/Day/Yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Allergies or Diet Restriction \_\_\_\_\_ Medications \_\_\_\_\_

## FAMILY INFORMATION

📍 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

☎ Cell \_\_\_\_\_ ☎ Home/Work Phone \_\_\_\_\_

### Parent/Guardian Information 1

👤 Full Name \_\_\_\_\_ ✉ Email \_\_\_\_\_

☎ Cell \_\_\_\_\_ ☎ Home/Work Phone \_\_\_\_\_

### Parent/Guardian Information 2

👤 Full Name \_\_\_\_\_ ✉ Email \_\_\_\_\_

☎ Cell \_\_\_\_\_ ☎ Home/Work Phone \_\_\_\_\_

## EMERGENCY & PICKUP AUTHORIZATION CONTACTS

Please provide three additional people who have authority to make all decisions regarding your child(ren) if we are unable to reach a parent/guardian as well as a list of people who are authorized to pick up your child(ren) from the MBJCC. In the event of an emergency, we will attempt to contact a parent/ guardian first. Please notify the MBJCC of any pick-up changes for the day if applicable. Please note proper identification will be required for anyone picking up your child(ren).

		EMERGENCY	PICKUP
👤 Full Name _____	Relation _____	<input type="checkbox"/>	<input type="checkbox"/>
☎ Cell _____	☎ Other Phone _____		
👤 Full Name _____	Relation _____	<input type="checkbox"/>	<input type="checkbox"/>
☎ Cell _____	☎ Other Phone _____		

## CAMP SELECTION

☐ Basketball Camp

## DAYS

☐ December 27
 ☐ December 28
 ☐ December 29
 ☐ December 30  
☐ January 3
 ☐ January 4
 ☐ January 5
 ☐ January 6

## \$ PAYMENT INFORMATION

Winter Camp Fee Total: \_\_\_\_\_

Pre- Care Daily Fee Total: \_\_\_\_\_

Post- Care Daily Fee Total: \_\_\_\_\_

Total: \_\_\_\_\_

Payment Type: ☐  ☐  ☐  (Payable to MBJCC)

Credit Card Type: ☐ VISA ☐  ☐ 

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

Credit Card # \_\_\_\_\_

✕ Authorized Signature \_\_\_\_\_

CVV # \_\_\_\_\_

Exp. Date \_\_\_\_\_

## PARENT/GUARDIAN ACKNOWLEDGMENTS

**DISCIPLINE & CHILD BEHAVIOR:** The MBJCC should be made aware in writing of any special needs or limitations a child may have. In the event our staff sees your child is having difficulty with the structure that we provide, we will notify you and discuss the implementation of behavior modification programs with staff and your child. After implementing behavioral programs, if your child continues to experience difficulty, we will recommend other appropriate alternatives.

**HEALTH AND SAFETY:** The Parent or Guardian certifies that the child is healthy and able to participate in all Basketball Winter Camp activities at the time of application. Updated school health forms are required prior to the start of the program. Parent/guardian gives permission to secure proper medical treatment in case of an emergency, when parent/guardian can not be reached.

**FIELD TRIPS AND ACTIVITIES:** Permission is hereby granted for the child to participate in all field trips and activities. The MBJCC has the right to change the dates and locations of field trips as necessary.

**PUBLICITY:** The MBJCC reserves the right to use photographs and/or videos of my child for publicity purposes in all media including the MBJCC website and all social media.

✕ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_