

Delaware Valley

Girls

Basketball Camp



**“Champions are not
born, they are made.”**

Delaware Valley Regional
High School
19 Senator Stout Road
Frenchtown, NJ 08825



Contact Information

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Delaware Valley



Regional High School

**2017 GIRLS SUMMER
BASKETBALL CAMP**

DIRECTOR

MICHAEL HAUGHEY
HEAD COACH
DELAWARE VALLEY TERRIERS

CAMP DATES
July 10-14, 2017

PLAYERS
AGES 8-14



- **ELIGIBILITY**

Ages 8-14 (*as of January 1, 2017*)

- **LOCATION**

Delaware Valley Regional High School
19 Senator Stout Road
Frenchtown, NJ 08825

- **FACILITIES**

Hutch Gym

- **INSTRUCTION**

Skill Development
Individual & Team Contests
Live Game Action

- **EXPERIENCED COACHES**

Michael Haughey– Del Val Head Varsity Girls
Basketball Coach

Allyson Scerbo– Played Collegiate Basketball at
William Paterson and DeSales University.

Allen Shedlbauer– Holland Township Head Girls
Basketball Coach

Guest Clinician: Megan Haughey– Stevens
Institute of Technology Head Girls Basketball
Coach

High School Player Instructors

- **CAMP SCHEDULE**

Monday, July 10- Friday, July 14
9:00am—12:00pm

- **SPECIAL ACTIVITIES**

Friday July 14th, 2017

Championship contests/games
Awards ceremony

- **CAMP FEE**

\$125.00 per camper due by June 10th, 2017

Walk-ins on June 20th will be accepted with a
late fee of \$15.

FEE INCLUDES

All instructional activities
Camp t-shirt
Contest winner awards

NOT INCLUDED

Snack/drinks
Appropriate footwear

Medical Treatment and Liability Disclosure

**I, _____ do hereby grant
permission for my child**

**_____ to participate in
the Delaware Valley Summer Girls Bas-
ketball Camp. In order that she may re-
ceive the necessary medical treatment in
the event of an injury or illness. I au-
thorize medical treatment for my child
for such injury or illness and hold its rep-
resentative harmless in the exercise of
the authority.**

X _____

REGISTRATION FORM

NAME: _____

**AGE (AS OF
1/1/16):** _____

**T SHIRT SIZE Adult Sizes (XS S M
L): _____**

SCHOOL: _____

**HOME
ADDRESS:** _____

CITY: _____

STATE: _____

HOME PHONE:

PARENT/GUARDIAN NAME: (Print)

**EMERGENCY CONTACT
PERSON:** _____

PHONE # : _____

**SPECIAL MEDICAL
CONDITIONS:** _____

Please complete all information and mail

Delaware Valley Regional High School
Athletic Office
19 Senator Stout Road
Frenchtown NJ 08825

CHECK/MONEY ORDER PAYABLE TO:
DV All Sports Boosters