

HUNTERDON COUNTY HOOPS CAMPS & CLINICS PRESENTS TRISTEN DEFAZIO BASKETBALL CAMP

SPONSORED BY THE BOYS BASKETBALL BOOSTER CLUB



CAMP SCHEDULE:

9:00: Free Shooting & Attendance
9:15: Morning Sessions
10:45: Daily Competitions & Morning Practice
11:45: Lunch & Free Shooting
12:45: Afternoon Games
1:45: Closure/Camp Competitions

CAMP DESCRIPTION:

Each session of camp will provide campers with instruction on some of the fundamentals of the game. Instruction will be geared toward each age group to challenge each player in areas of shooting, ballhandling, passing, defense, and their understanding of game concepts. Campers will get the opportunity to compete in different contests each day and compete in at least one game per day.

**Requests for camper(s) to be on the same team cannot be honored. Camp staff will do their best to make teams as competitive as possible for the best experience.*

SESSION 1: TEAM CONCEPTS

July 15 - July 19

SESSION 2: INDIVIDUAL SKILLS

July 22 - 26

Students entering 2nd-9th grades
@ Hunterdon Central Upper Gyms

ABOUT THE COACH...

TRISTEN DEFAZIO

HEAD BOYS BASKETBALL COACH

HUNTERDON CENTRAL

3RD YEAR HEAD BOYS BASKETBALL COACH

FORMER ASST COACH, HUNTERDON CENTRAL

FORMER ASST COACH, WEST WINDSOR-

PLAINSBORO HS

CAMP STAFF

HC BOYS BASKETBALL COACHING STAFF,
CURRENT AND FORMER HC BASKETBALL
PLAYERS, CAMP GUEST SPEAKERS, INCLUDING
LOCAL INSTRUCTORS AND LOCAL HIGH
SCHOOL/COLLEGE COACHES AND PLAYERS

LUNCH / CAMP BANK

CAMPERS MAY BRING THEIR OWN LUNCH OR
PURCHASE LUNCH AT CAMP. PIZZA, SNACKS
(CHIPS & CANDY), AND DRINKS (GATORADE,
WATER) WILL BE AVAILABLE. WE WILL USE A
CAMP BANK SYSTEM WHERE MONEY CAN BE
DEPOSITED ON MONDAY AND DEDUCTIONS ARE
MADE WITH PURCHASES. ANY BALANCE
REMAINING WILL BE RETURNED AT THE END OF
THE WEEK.

More Information: P: 609-221-1455 E: tdefazio@hcrhs.org

Session 1: Team Concepts = \$285
Session 2: Individual Skills = \$285
Both Sessions = \$525

Each camper will receive a t-shirt. Limit one shirt per camper.

Payment Options:

Cash, Zelle (QR Code), Check #: _____,
Payable to Tristen DeFazio
P.O. Box 1098, Flemington, NJ 08822
Zelle: Tristen S DeFazio | 609-221-1455



**Registration form must be sent to complete registration. Please note, no confirmation will be sent. Pre-camp notes will be emailed a few days prior to start of camp.*

Camper Name: _____
Street Name: _____
City: _____, NJ
Zip: _____
Phone: _____
Email: _____
Grade (Fall 2024): _____
Age of Camper: _____
Date of Birth: _____-_____-_____
Emergency Contact: _____
Emergency Phone: _____

CANCELLATION POLICY:
Written notice of cancellation (email) must be received at least one week prior to the start date in order to qualify for a refund. No refund or credit is available for the individual days absent or cancelled due to weather. If the entire week is cancelled, full tuition will be returned.

RELEASE & WAIVER OF LIABILITY
As a legal guardian of _____, I hereby consent to the aforementioned child participating in Hunterdon County Hoops Camps and Clinics. In the event the participant should become injured or ill at the Hunterdon County Hoops Camps and Clinics or any related activity in which the participant is involved, I hereby authorize the staff of Hunterdon County Hoops Camps and Clinics to arrange for whatever emergency medical care is deemed necessary and reasonable at the time, including transportation to a local emergency department. I agree to be solely responsible for all expenses and costs related to such emergency treatment and agree to indemnify Hunterdon County Hoops Camps and Clinics for any expenses and costs that may occur in such treatment. I understand that basketball is a physical sport and that injuries can be a consequence of participation in this camp and no amount of reasonable supervision or use of facility will prevent injury. I understand that it is the express intent of Hunterdon County Hoops Camps and Clinics to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities. In accepting the afore-said risk, I expressly and explicitly release, waive, and forever discharge any and all responsibility of Hunterdon County Hoops Camps and Clinics, its staff, officials, employees, and representatives of any and all of the foregoing, pursuant to, or pertaining or relating to, or arising from, in any manner, injuries of my child as a result of his or her participation these activities. This acknowledgement of risk and waiver of liability, has been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

PARENT/LEGAL GUARDIAN _____
PRINT NAME _____
DATE _____

