

# 2024 LIGHTNING SUMMER BASKETBALL CAMP

All Players  
Welcome!



Boys & Girls!

## ACTIVITIES INCLUDE

- Warm-Ups
- Teaching Stations (Dribbling, shooting, defense, passing etc.)
  - Skills and drills competition
- Lunch (ping pong, air hockey and wiffleball available)
  - Skills and Drills Competition
  - Teaching Stations

## Camp Director: Al Morales, Jr.

Coach Al Morales and the AMBC2 staff will provide a great basketball camp/player development atmosphere where all campers will work on all aspects of the game while having fun.

All campers will be divided into groups/teams depending on age and skill.

**JOIN THE FUN!**

**HOURS: 9:00am – 3:00pm**

**LUNCH:** Campers bring their own lunch, drinks, and snacks in a cooler.

**COST:** Register in advance fee: **\$290 per week**

Same day registration fee: **\$295 per week / \$70 Daily Rate**

## DATES:

- \_\_\_\_\_ **WEEK1: June 26<sup>th</sup> – June 28<sup>th</sup>**
- \_\_\_\_\_ **WEEK2: July 15<sup>th</sup> – July 19<sup>th</sup>**
- \_\_\_\_\_ **WEEK3: July 22<sup>nd</sup> – July 26<sup>th</sup>**
- \_\_\_\_\_ **WEEK4: August 5<sup>th</sup> – August 9<sup>th</sup>**
- \_\_\_\_\_ **WEEK5: August 19<sup>th</sup> – August 23<sup>rd</sup>**



Camp Location: **Hardscrabble Club**  
**22 Sutton Place Brewster, NY 10509**

\*\*\*Please visit [WWW.AMBCLUB2.COM](http://WWW.AMBCLUB2.COM) and register on the camp tab\*\*\*

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## Registration Form

Player's Name: \_\_\_\_\_ Player's Grade: \_\_\_\_\_

Parent(s)'s Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Method of Payment: (please print)

Check (enclosed)

Visa  MasterCard

Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security 3-digit code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Please send your completed form with check payable to: **AMBC2** or email your CC information to [amjrhoops12@gmail.com](mailto:amjrhoops12@gmail.com)

Send To: **Al Morales 101 Somerset Road Hopewell Junction, NY 12533**

**Disclaimer:** I hereby authorize the staff of the **AMBC2 LLC** to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release **AMBC2 LLC/Hardscrabble Club** from all liability for any injuries or illnesses incurred while participating at the facility or property. I have no knowledge of any physical impairment that would affect the player's participation, named to the above, in the camp, league or tournament as outlined in the information. I also understand that **AMBC2 LLC** has the right to use, for publicity and advertising purposes, photographs of participants taken at the facility. I understand and accept the camp refund policies.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_