

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 26th – June 28th**
- _____ **WEEK2: July 15th – July 19th**
- _____ **WEEK3: July 22nd – July 26th**
- _____ **WEEK4: August 5th – August 9th**
- _____ **WEEK5: August 19th – August 23rd**



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

Please visit WWW.AMBCLUB2.COM and register on the camp tab

2024 LIGHTNING SUMMER BASKETBALL CAMP

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

Send To: **Al Morales 22 Sutton Place Brewster, NY 10509**

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.

Cancellations will result in a \$25 process fee.

Parent or Guardian Signature: _____ Date: _____