



2023 CHUCK MCBREEN BASKETBALL CAMP REGISTRATION FORM

Camper's Informations:

First Name: _____ Last Name: _____

Height: _____' _____" Weight: _____ Grade (Fall 2016): _____ Age: _____ DOB: _____ / _____ / _____
Month Day Year

Parent/Guardian's Contact Informations:

Phone: (_____) _____ - _____ Email Contact: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Applicable Camp Discounts will be applied once we received your registration and will be reflected in your invoice. Please select one or more session(s):

July 17–21, 2023
(5 Days)

Grade(Coed) - 2–10
Age: 7–16

\$275.00

*Payment by check, cash, or money order.

*Make checks payable to: **C.J.M. Hoops, Inc.***

Mail to:

C.J.M. Hoops, Inc.
Attn: Chuck McBreen
PO Box 529
Mahwah, NJ 07430

Tel. 201-803-5560

www.thechuckmcbreenbasketballcamp.com

I, the undersigned, submit my son/daughter is physically fit to participate in strenuous athletic activity and waive the Chuck McBreen Basketball Camp of any and all responsibility for injury or illness that occurs at camp. I hereby authorize the Directors of the Chuck McBreen Basketball Camp to act for me according to their best judgement in any emergency requiring any medical attention. I understand that any camper who does not abide by the rules and regulations of the camp is subject to dismissal without reimbursement or recourse.

Signature of Parent/Guardian: _____ Date: _____