

**PLEASE PRINT CLEARLY  
USE ONE FORM PER PERSON**

CAMPER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

GRADE (Fall 2012) \_\_\_\_\_

SCHOOL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

EMAIL \_\_\_\_\_

**CHECK ALL THAT APPLY:**

\_\_\_\_\_ DAY CAMP SESSION 1, *June 18-22*, **\$150**  
Location: The Haverford School  
\*\*\* 1/2 DAY ONLY FOR GRADES K-2\*\*\*

\_\_\_\_\_ DAY CAMP SESSION 2, *June 25-29*, **\$225**  
Location: Academy of Notre Dame  
\*\*\*GRADES 3-8 ONLY\*\*\*  
Check here for half-day option (\$150)

\_\_\_\_\_ DAY CAMP SESSION 3, *July 23-27*, **\$225**  
Location: The Haverford School, Grades K-8  
Check here for half-day option (\$150)

\_\_\_\_\_ DAY CAMP SESSION 4, *July 30-Aug 3*, **\$225**  
Location: The Haverford School, Grades K-8  
Check here for half-day option (\$150)

**DISCOUNTS (only one discount may be applied)**

\_\_\_\_\_ MULTIPLE SESSIONS, **\$25 discount** off each week after one week is paid in full

\_\_\_\_\_ SIBLING DISCOUNT, **\$25 discount** after one sibling is paid in full

Mail application and \$100 non-refundable deposit:  
*BETTERBALL!, Inc.*

*818 Homestead Avenue - Havertown, PA 19083*

**Balance due June 1, 2012**

**Checks made payable to BETTERBALL, Inc.**

**Questions: 484-486-4089/kath@betterball.net**

**BETTERBALL!, Inc.  
818 Homestead Avenue  
Havertown, PA 19083**

**4 Weeks, 2 Gyms, Only 1**



**The Haverford School**

**June 18-22**

**July 23-27**

**July 30 – Aug 3**

**Academy of Notre Dame**

**June 25-29**

- **Boys & Girls Grades K-8**
- **HALF-DAY or FULL-DAY option**
- **Optional Free Swim**
- **Skill-Level Based Instruction**

**PRE-REGISTRATION  
IS REQUIRED**

**Apply online @betterball.net  
and you'll be entered to  
win a gift card!**

# Two Premiere Sites, Same Great Staff

## Steve Cloran, Director & Founder of BETTERBALL!

Philly Area High School Coach for 15+ Years: O'Hara, Marple Newtown, Haverford School

Former Division I Player: Saint Francis University (PA)

Former Philly Catholic League MVP: Cardinal O'Hara H.S.

### Adult Directors for each age group, High School Coaches & Players

**\*All staff is cleared with background check and participates in Safe Environment Training\***

## Haverford School Camp Experience Sessions 1, 3 & 4

The Haverford School  
450 Lancaster Ave, Haverford, PA 19041

### Session 1: June 18-22

Half day only  
Boys & Girls Entering Grades K-2

### Session 3: July 23-27

Half or Full day option  
Boys & Girls Entering Grades K-8

### Session 4: July 30-Aug 3

Half or Full day option  
Boys & Girls Entering Grades K-8

### **CAMP HIGHLIGHTS:**

- Safe, secure environment
- Optional swim in indoor pool (Mon-Thurs Sessions 3 & 4 only)
- Air-conditioned gym
- 12 indoor baskets
- 4 full courts with adjustable basket height (8'-9') for younger age groups!
- Special giveaway for all campers
- Use of iMake shooting machine
- Special guest speakers

**www.betterball.net**

## Notre Dame Camp Experience Session 2

Academy of Notre Dame  
560 Sproul Road, Villanova, PA 19085

### Session 2: June 25-29

Half or Full day option  
Boys & Girls Entering Grades 3-8

### **CAMP HIGHLIGHTS:**

- Safe, secure environment
- Air-conditioned gym
- 6 indoor baskets
- Special giveaway for all campers
- Special guest speakers

### **CAMP FEES (both sites)**

**Full day** \$225

**Half day** \$150

### **DISCOUNTS (only one may be applied):**

**Multiple sessions:** \$25 discount after one week is paid in full

**Sibling:** \$25 discount after one sibling is paid in full

### **CAMP HOURS:**

**Full day** Monday-Thursday 9:30 am-3:00 pm  
Friday 9:30 am-12:30 pm

**Half day** Monday-Friday 9:30 am-12:30 pm

# WAIVER/MEDICAL

This form grants permission to your child's coach or coaches to obtain medical/dental treatment for your child should an injury occur under the supervision of the coaches. My signature below authorizes my permission as a parent/guardian of (name)

\_\_\_\_\_, a minor for whom I have legal custody, for the holder of this form to obtain medical or dental care for the above named minor as needed in my absence from a recognized medical facility and/or licensed physician or dentist.

### **Medical Information for above-named minor**

Existing medical problems, including allergies

\_\_\_\_\_  
Medicine child is currently taking

\_\_\_\_\_  
Child's Physician

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Date of last tetanus shot

I understand The Haverford School, Academy of Notre Dame and BETTERBALL! camp directors and counselors will not assume any responsibility for accidents and/or medical or dental expenses received as a result of participation in the camp. I understand that should my child be dismissed from camp, no part of my tuition will be reimbursed. I have carefully read all of the information in this application form and agree to all conditions stated.

\_\_\_\_\_  
**SIGN**

\_\_\_\_\_  
**DATE**