

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

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

ADDRESS \_\_\_\_\_

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

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

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

GRADE (Fall 2011) \_\_\_\_\_

SCHOOL \_\_\_\_\_

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

EMAIL (used for confirmation)  
\_\_\_\_\_

**CHECK ALL THAT APPLY:**

\_\_\_\_\_ DAY CAMP SESSION 1, *June 20-24, \$190*  
Check here for half-day option (\$110)

\_\_\_\_\_ DAY CAMP SESSION 2, *July 18-22, \$190*  
Check here for half-day option (\$110)

\_\_\_\_\_ DAY CAMP SESSION 3, *July 25-29, \$190*  
Check here for half-day option (\$110)

**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

**PLEASE COMPLETE BOTH SIDES OF APPLICATION!**

Mail application and \$100 non-refundable deposit:  
*BETTERBALL!, Inc.*  
*818 Homestead Avenue - Havertown, PA 19083*

Balance due June 1, 2010  
Checks made payable to BETTERBALL, Inc.  
**Questions:** 484-486-4089 / kath@betterball.net

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



**Summer Camps  
@ The Haverford School  
450 Lancaster Avenue, Haverford, PA**



**Three Sessions**

**June 20-24**

**July 18-22**

**July 25-29**

- ***Boys & Girls Grades 1-8***
- ***Half or full day option***
- ***Optional swim!***
- ***Advanced instruction for prospective high school players***

**PRE-REGISTRATION  
IS REQUIRED**

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

# CAMP STAFF

**Steve Cloran**

Head Coach

The Haverford School

Former Division I Player

Saint Francis University (PA)

Former Philly Catholic League MVP

Cardinal O'Hara H.S.

**Haverford School Coaching Staff**

**Current High School Coaches**

**Current College & High School Players**

# THE EXPERIENCE

	Camp Fee
Full day	\$190
Half day	\$110

**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

**CAMP HIGHLIGHTS:**

- Safe, secure environment
- Giveaway for all Campers!
- Use of iMake shooting machine (see betterball.net for demo)
- Individual and team awards
- Guest Speakers (Big 5 Coaches/NBA Refs)
- Experienced adult staff of current coaches
- Optional swim in indoor pool (Mon-Thurs)



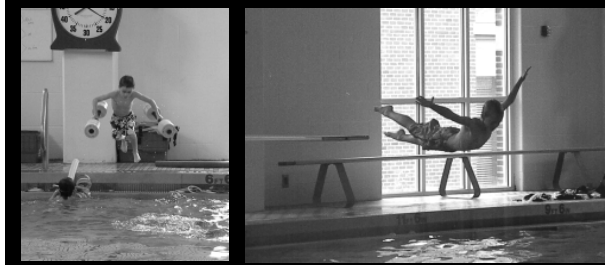
## Calling all Boys entering Grades 3 & 4

Grab some friends and join us for the 1<sup>st</sup> season of the BETTERBALL! Summer League! Games played in June & July.

Visit [betterball.net](http://betterball.net) for more details!



**Apply online @ [betterball.net](http://betterball.net) and you'll be automatically entered to win a \$50 BETTERBALL! gift card good for any future program!**



**Premiere indoor basketball facility...Air-conditioned...12 indoor baskets... 4 full courts with adjustable basket height (8'-9') for younger age groups!**

# 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, 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 for late arrival or early departure. I have carefully read all of the information in this application form and agree to all conditions stated.

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

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