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 Registration**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Present Age**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Telephone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade Fall 2025**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**School**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**T-Shirt Size (Men’s)**:\_\_\_\_\_\_\_\_\_\_\_**Parent Names**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Emergency Contact**(Not a parent)**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Make checks payable & send form to: **Mark Tingle**   **45 Chancery Rd. Langhorne, Pa 19047****COST**: **$175 per camper**  **\*Please return this portion along with Waiver/Check…Thank you!** |  |  |

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| G **Camp Information** **Dear Parents and Players**: Here is some information to help you with Any questions you might have during the week.Camp will take place at Neshaminy High School. Camp will open @ 7:45/12:15 each day  Please drop campers off between 7:45-8:00/12:15- 12:30 Please have your camper picked up by 12:00/4:30 If you need to pick your son up earlier, please notify Coach Tingle the day before. **267-205-3205** or **Marktinglept@yahoo.com****THERE WILL BE NO LUNCH!!!*****Any Camper who takes medication Must see Coach Tingle before the 1st Day of Camp***During each day of camp, we vigorously exercise; please make sure your son drinks plenty of fluids when he is home & brings his own drinks each day If you need to contact us, during the day, for an emergency, please call 215-809-6100 or 267-205-3205. Identify yourself and your son; tell the secretary you are in basketball camp and they will contact us immediately. ***Camp will take place in GYM 3***Thank you & Let’s have a great week! **Coach Tingle**    |
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|   Neshaminy  Boys Basketball  Summer Camp 2025  |
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|  https://sp.yimg.com/xj/th?id=OIP.M847b2d1af0682aca8a6d01a7e494b160H0&pid=15.1&P=0&w=300&h=300  **July 28th – August 1st**  **Grades 4-7: 8:00 – 12:00** **Grades 8-9: 12:30 – 4:30** August 1st – 5th Grades 4– 9 9:00am – 2:00pm |
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|  Camp Staff  **Director**Mark Tingle is the Head Boys Varsity Basketball Coach at Neshaminy High School. This is his 10th season as Head Coach of the Redskins. Coach Tingle has 20 years of experience working as a high school coach and camp counselor.   **Staff**Our staff consists of Neshaminy high school coaches and players. The camp will give campers the opportunity to meet and work closely with our Junior Varsity & Varsity basketball teams. Our campers will be supervised at all times and our small staff-camper ratio provides campers with quality personalized instruction to maximize growth and improvement. |

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|  **Daily Schedule** 8:00 – 8:15: Arrival / Greeting / Overview of the Day 8:15 – 8:30: Camp Stretch / Footwork 8:30 – 9:45: StationsFeaturing instruction in the following areas:* Shooting
* Defense
* Rebounding
* Ball Handling
* Passing
* Defensive / Offensive Moves

 9:45 – 10:30: Individual Competitions* One-on-One
* Foul Shooting
* Skills Competition
* Spot Shot Shooting

10:30 – 12:00 Team Games12:00 – Dismissal/Pick-up**Disclaimer**: The sole purpose of distributing this flyer is to provide information to the community. The Neshaminy S.D. does not endorse or sanction the events/activities listed in this flyer. Parents/Guardians are urged to thoroughly research any organization providing such information before making a decision to participate. |

 |  | **Authorization& Release**I, the parent or guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Submit that my son is physically fit to participate in strenuous athletic activity, and waive the Neshaminy Boys Basketball Camp, its staff, the Neshaminy School District, and any persons affiliated with the aforementioned parties of any and all responsibility for injury or illness to my son. I hereby authorize the directors of the Neshaminy Boys Basketball Camp to act for me, according to their best judgement, in any emergency requiring medical attention. I also understand that I am solely responsible for the payment of any medical expenses.**Health Ins Co**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Policy #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Group #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent/Guardian Signature:****\*Please return this portion along with Registration/Check…Thank you!**  |
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