



# Shubie's SuperHoops Summer Basketball Camps

Shubie's SuperHoops Basketball Training is having its 2<sup>nd</sup> Annual Summer Basketball Camps. We are offering an exciting week at

**St Anthony's Church 65 Bartholdi Ave Butler, NJ 07405**

July 19 to July 23 (9am to 3pm)

## Shubie's SuperHoops Summer Basketball Camp:

Shubie Basketball will train you to get to the next level in Basketball.

If you are just starting to play Basketball, playing Recreation, Travel, AAU, or High School Basketball, Shubie will get you there. We will start with fundamental Basketball skills (Shooting, Dribbling / Ball Handling, Offense, Defense, Court Awareness, Foul Shooting). Once you have achieved all the fundamental Basketball skills you will then start to master the Game that will take you to a level you never imagined!

Please contact Kevin Shuster at **201-602-3792**, [shubiebasketball@yahoo.com](mailto:shubiebasketball@yahoo.com) or visit [www.shubiebasketball.com](http://www.shubiebasketball.com)

All Campers will receive a **FREE T-Shirt:**

**July 19th to July 23 (9 am to 3 pm) \$150**  
**Grades 3<sup>rd</sup> to 9th**

\*Camps are not affiliated with the location they are held \* Bring lunches in coolers/Drinks/Snacks will be sold

\* Make check payable to Shubie's SuperHoops. Send to 7 Seminole Ave Wayne, NJ 07470\*



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Athlete's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Interested in: Clinics Camps

Private Training Group Training

Has Your Athlete Suffered Any Injuries: \_\_\_\_\_

### ***Shubie's SuperHoops, LLC Participation Waiver***

I hereby request that my child be admitted to Shubie's SuperHoops LLC Basketball Training Camps/ Events and authorize the directors or any member of his staff to act for me according to their best judgment if any emergency requiring medical attention for which I will pay all costs. I hereby release, discharge and indemnity Shubie's SuperHoops LLC, Kevin Shuster, Yolanda Shuster, Camps/Events staff, affiliated entities and their officers, agents and employees from and against any and all liability or causes of actions arising out of or in connection with participation in the camp/ events. I am also aware that my athlete is not entitled to a refund unless a doctor states in writing that my athlete cannot take part in the training specified in this camp. This camper is physically fit to participate in all activities.

**I certify that I am the Parent /Guardian the above mentioned athlete and am over 18 years old and agree to the conditions specified above**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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