

## Holy Angels Basketball

*Pride. Dedication. Commitment.*

*That's what describes the mentality of those student athletes who participate in athletics at Academy of the Holy Angels.*

**Five Time  
Bergen County  
Champions:  
1995, 1999, 2000,  
2003, and 2007**



**Mail Applications to:**  
Coach Sue Liddy  
Academy of the Holy Angels  
315 Hillside Avenue  
Demarest, NJ 07627

**Email:** [sliddy@holyangels.org](mailto:sliddy@holyangels.org)  
**Phone:** 201-768-7822 x.265

## Sue Liddy Individual Basketball Camp for Girls



**Individual Camp  
For 5th—10th Graders  
June 28th—July 2nd, 2010  
9am—1:30pm**

**Sue Liddy  
Basketball Camp**



Individual Camp  
June 28—July 2, 2010  
For 5th –10th Graders  
9am—1:30pm

**Daily Camp Activities Include:**

- \*Individualized Stations
- \*Team Games
- \*One on One
- \*Free throw Shooting
- \*Defensive Moves

Players are to bring their own lunch

Fee includes camp T-shirt

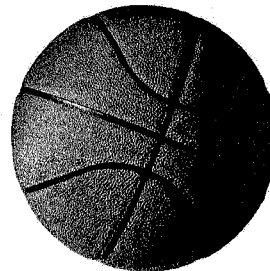
**Coaches and Counselors**

Sue Liddy, Head Coach, Academy of the Holy Angels. "Lid" has achieved 600+ career wins as a high school woman's basketball coach. She also has received multiple coach of the year honors from the Bergen County Women's Coaches Association. She has also been inducted into the New Jersey Coaches Association Hall of Fame.



- Jim McCarthy**, Asst. Coach, AHA
  - Chris Liddy**, Former Asst. Coach, AHA
  - Kirstin Dickens**, JV Coach, AHA
  - Pete DeVries**, Freshman Coach, AHA
- Members of the Holy Angels Varsity Basketball Team

**QUESTIONS: 201-768-7822 x.265**  
**sliddy@holyangels.org**



**REGISTRATION FORM**

NAME \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

SCHOOL \_\_\_\_\_

GRADE WILL BE ENTERING \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone \_\_\_\_\_

Sue Liddy Basketball Camp Session  
June 28—July 2, Individual Camp

FEE: \$220.00 NON-REFUNDABLE  
(make checks out to Sue Liddy Basketball Camp)

As parent/legal guardian of \_\_\_\_\_  
I hereby give my full consent and approval for my child to participate in the Sue Liddy Basketball Camp at Academy of the Holy Angels. I understand that good physical condition, freedom from injury, and full recovery from injury are prerequisites to participate in this athletic activity. I certify that I have no knowledge of any physical impairment that would affect my daughter's participation in the camp program.

In addition to giving my full consent for my daughter's participation, I do hereby waive release, and hold harmless any camp facility, coach, supervisor and representative any injury that maybe suffered by my daughter in the normal course of participation and activities incidental thereto, whether a result of negligence or any other carelessness.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_