

# **Primetime Athletics**

# **BASKETBALL**

# **CAMP**



**June 22 - June 25**

**Monday—Thursday**

**9:00am - 4:00pm**

**Grades 3 - 9**

**Hopewell Valley Central  
High School**

This camp will give all levels of basketball players (beginners to advanced) a chance to work on their skills as well as learn concepts of moving within an offense. Camp will be run by local high school coaches. Campers will participate in drills, competitions, and games. Join us while we improve our game and compete against each other summer! Camp open to boys and girls.



**Program Fee:**

**\$205**

**\$195 (HT Residents)**



[www.hopewelltpw.org/recreation](http://www.hopewelltpw.org/recreation)

609-737-3753

[recreation@hopewelltpw.org](mailto:recreation@hopewelltpw.org)

**PRIMETIME BASKETBALL CAMP**  
**HVCHS Gymnasium**  
**Monday - Thursday**  
**9AM - 4PM**

This camp will give all levels of basketball players a chance to work their skills as well as learn concepts of how to move within an offense. Camp will be conducted by local basketball coaches, as they instruct the campers during drills, competitions and games. Join us this summer on the court and we "alley-oop" our way to becoming better "ballers"!!  
Campers are required to bring a lunch, snacks and drinks daily.  
Boys and Girls are welcome to register!!

**HOPEWELL TOWNSHIP PARKS AND RECREATION DEPT.**  
**SUMMER CAMP REGISTRATION FORM - 2026**

**Participant Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ FALL 2026 Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, state, zip

**Primary Contact (Parent or Guardian):**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Program Fee: \$205**  
**Hopewell Resident: \$195**

**Refund Policy:**

Refund requests **MUST** be made in writing or through email - refund amount will be determined by the number of days prior to the start of the program that notification is received.

45+ days = Full Refund - \$35 admin. fee

If you withdraw within less than 45 days from the start of the camp, you will either receive a percentage of your paid fee or will receive full refund -\$35 admin. fee (whichever is less). Percentage fees will be calculated by the price of the camp and will be as follows:

15-44 days = 75% refund; 6-14 days = 50% refund; 1-5 days = 25% refund; No refund once camp begins

*Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified in writing of your expressed desire to be excluded.*

**HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE:** Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the Bulldog Soccer program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

**Please be aware my child has the following medical conditions:**

**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Make checks payable and send to:**

**Amt. Remitted:** \_\_\_\_\_

**Phone # (609) 737-3753**

**HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.**

**201 Washington Crossing-Pennington Road**

**Titusville, NJ 08560**