



OBHOOPS

2025 BASKETBALL CAMP REGISTRATION FORM

Payment by check or money order, please make payable to:

OB Hoops

Mail to:

James Macomber

9 Justice Lane

Aberdeen NJ 07747

www.obhoops.com

Please select one or more session(s) below:

*** Early Bird Special – \$50.00 discount off each session if registration with payment is mail postmarked BEFORE May 1, 2025.** Early registration is strongly encouraged. Enrollment is limited to 140 campers per session. Last year we were at capacity for two of the three camp sessions. Don't get shut out! Register early to secure your spot.

Week 1 Session (Early Bird) <input type="checkbox"/> \$250	Week 1 Session <input type="checkbox"/> \$300	Week 2 Session (Early Bird) <input type="checkbox"/> \$250	Week 2 Session <input type="checkbox"/> \$300	Week 3 Session (Early Bird) <input type="checkbox"/> \$250	Week 3 Session <input type="checkbox"/> \$300
June 23 - June 27	June 23 - June 27	July 7 - July 11	July 7 - July 11	July 21 - July 25	July 21 - July 25
Camp Location: Old Bridge High School 4209 Route 516 Matawan, NJ 07747	Camp Location: Old Bridge High School 4209 Route 516 Matawan, NJ 07747	Camp Location: Old Bridge High School 4209 Route 516 Matawan, NJ 07747	Camp Location: Old Bridge High School 4209 Route 516 Matawan, NJ 07747	Camp Location: Old Bridge High School 4209 Route 516 Matawan, NJ 07747	Camp Location: Old Bridge High School 4209 Route 516 Matawan, NJ 07747
Boys & Girls Grades 3–12	Boys & Girls Grades 3–12	Boys & Girls Grades 3–12	Boys & Girls Grades 3–12	Boys & Girls Grades 3–12	Boys & Girls Grades 3–12
Time: 9:00 am – 3:00 pm (Free early drop-off at 8:00 am)	Time: 9:00 am – 3:00 pm (Free early drop-off at 8:00 am)	Time: 9:00 am – 3:00 pm (Free early drop-off at 8:00 am)	Time: 9:00 am – 3:00 pm (Free early drop-off at 8:00 am)	Time: 9:00 am – 3:00 pm (Free early drop-off at 8:00 am)	Time: 9:00 am – 3:00 pm (Free early drop-off at 8:00 am)

Camper's Informations:

First Name: _____ Last Name: _____

Gender: Boy Girl School: _____

Height: _____' _____" Weight: _____ Grade: _____ Age: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Please select camper's last level of play:

- None (First time attending a basketball camp) Middle School Team
 Recreation High School– Freshman
 CYO High School– JV
 Travel Basketball High School–Varsity
 AAU

Camper's T-shirt Size:

- Small
 Medium
 Large
 X-Large

* All field are require.

Parent/Guardian's Informations:

First Name: _____ Last Name: _____

Home Phone#:(_____) – _____ – _____ Cell Phone#:(_____) – _____ – _____

Email: _____

* All field are require.

Emergency Contact's Informations:

First Name: _____ Last Name: _____

Relationship to Camper: _____ Phone #:(_____) – _____ – _____

* All field are require.

Camper's Medical Informations:

* Do Camper have health insurance: Yes No * Insurance Company: _____

Camper's Medical History (Please list any important medical history):

Camper's Medications (Please list any medication):

* Require fields.

Medical Waiver & Release

I, the undersigned (Parent/Legal Guardian), attest that my child is physically fit to participate in strenuous athletic activity, and hereby release OB Hoops, Inc. (OBH) from any and all responsibility for injury or illness to my child as a result of my child's participation in the OB Hoops, Inc. skills development basketball camps.

Thus, I release and hold harmless OB Hoops, Inc., Carl Sandburg Middle School, Old Bridge High School and the Old Bridge Board of Education, camp directors, coaches, any of its officers, independent contractors, or affiliates associated with this program from any and all liability, both joint and several, arising from or in connection with my child's participation. I hereby authorize the directors of OB Hoops, Inc. to act on my behalf according to their best judgment in an emergency requiring medical attention. I understand that I am solely responsible for the payment of said medical expenses and must provide the camp with proof of medical/accident insurance.

I thereby, authorized OB Hoops, Inc. to use my child's image (Photograph and or Video) for use in OB Hoops, Inc. publications including, but not limited to videos, email blast, brochures, newsletter, website, any other form of print/electronic media, etc. I hereby, waive any rights to royalties or other compensation arising from or related to the use of my child's image.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Print Name: _____