

AIRNANDEZ BASKETBALL GIRLS' SUMMER BASKETBALL CAMP

*This is an instructional camp geared to improving the individual as well as developing an enjoyment of the game of basketball for **girls entering grades 3 through 9 in September 2025**. The camp will include individual skills, guest lecturers, contests, and games.*

STAFF: Ryan Hernandez Airnandez Basketball
John Paga Hampton Bays MS
Counselors comprised of former/current college/HS players

LOCATION: Hampton Bays Middle School (Gym)
70 Ponquogue Ave
Hampton Bays, NY 11946

DATES: **1 WEEK (four days)**
Monday July 28 - Thursday July 31
9:00 am - noon

FEE: \$175.00 per camper for 1 week session

DEADLINE: Money and registration form (see back) should be received by **Friday July 25**. Enrollment limited to first 90 players. Register early. No refunds after first day of camp.

REGISTER: Mail cash or check (payable to: Airnandez Basketball) and completed form to:

Ryan Hernandez 631.258.3077
33 Carter Road
Hampton Bays, NY 11946

or Zelle : **ryan@airnandezbasketball.com**

(SEE BACK FOR REGISTRATION FORM)

**AIRNANDEZ BASKETBALL
GIRL' SUMMER BASKETBALL CAMP**

PLAYER NAME_____

ADDRESS_____

PARENT / GUARDIAN CONTACT #_____

PARENT / GUARDIAN EMAIL _____

DATE OF BIRTH _____ **AGE**_____

GRADE ENTERING SEPTEMBER 2025_____

I / we the parent(s) or guardian of the above named child hereby give our consent for participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity. Furthermore, I / we the parent(s) or guardian of above mentioned camper hereby give my / our approval to his / her participation in all camp activities. I / we assume all the risks and hazards incidental to such participation in camp activities including transportation to and from activity. I / we do hereby waive, release, absolve, and agree to hold harmless Airnandez Basketball, the Hampton Bays Schools, associated organizations, the organizers, sponsors, supervisors, participants, and persons transporting my / our child to or from activities for any claim arising out of an injury to my child, except to the extent and in the amount covered by accident or liability insurance.

PARENT / GUARDIAN NAME_____

PARENT / GUARDIAN SIGNATURE _____