

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 2026**. 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 27 - July 30
9:00 am - noon

FEE: \$200.00 per camper

DEADLINE: Money and registration form (see back) should be received by **Friday July 24**. Enrollment limited to first 80 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
GIRLS' SUMMER BASKETBALL CAMP**

PLAYER NAME _____

ADDRESS _____

PARENT / GUARDIAN CONTACT # _____

PARENT / GUARDIAN EMAIL _____

DATE OF BIRTH _____ **AGE** _____

GRADE ENTERING SEPTEMBER 2026 _____

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 _____