

The Sandra & Leon Levine Jewish Community Center

Presents

The *Dell Curry/Charlotte Bobcats* Basketball Camp Boys & Girls 8-18

Monday, August 10 - Friday, August 14
Monday - Friday Camp Hours 9:00 AM - 4:00 PM

Dell Curry, Director of Player Development for the Charlotte Bobcats, and former NBA player with the Charlotte Hornets, Milwaukee Bucks and Toronto Raptors, is returning this year to the LJCC. Dell, a 17-year veteran of the NBA, was the recipient of the 6th Man of the Year award in 1994. Dell's sharpshooting, quick release and unlimited range, along with his leadership both on and off the court made him a valuable NBA player. Dell will share his love and knowledge of the game every day with your child. His hands-on approach to camp has made our program an over-whelming success.



DAILY CAMP ROUTINE:

Morning

Flexibility
Instructional Stations
League Games
Swimming
Free Time
Lunch

Afternoon

Film
3 on 3
League Games
Snack
Instructional Stations
Camp Meeting

LUNCH:

A dairy lunch should be brought by the campers. A snack will be provided at the end of the day.

CAMP FEE:

Members \$210.00
Non-Members \$250.00



SLAM DUNK REVIEW

"The Dell Curry/Charlotte Bobcats Basketball Camp is a model of how a camp should be run. Dell and the instructors were great in making the campers feel important while learning new skills in a very enjoyable way."



Corporate Sponsor



PerfectImage!

DESIGN + PRINT + MAIL

Alan Gottheim 704.841.2464

www.perfectimageprint.com



For Further Information

Please Contact:

Stephanie Garner,

LJCC Sports & Fitness Director

704/944/6743

The Dell Curry/Charlotte Bobcats Basketball Camp REGISTRATION FORM

Camper _____ Grade (Fall 2009) _____
Birthdate _____ Sex _____ Current Age _____ JCC Member Non-Member
Camper's Address _____
City _____ State _____ Zip _____ Home Phone _____
Mother's Name _____ Cell Phone _____
Father's Name _____ Cell Phone _____

AM & PM Childcare is Available

Monday – Friday

AM Care 7:00 a.m. - 9:00 a.m.

\$45.00 wk/member \$55.00 wk/non-member

PM Care 4:00 p.m. - 6:00 p.m.

\$45.00 wk/member \$55.00 wk/non-member

Please check one Member Non-member

\$210.00 full payment/member

\$250.00 full payment/non-member

AM Care \$45.00 / \$55.00

PM Care \$45.00 / \$55.00

_____ Total amount enclosed.

Registration Deadline: Friday, July 10, 2009

Make checks payable to: Levine Jewish Community Center, 5007 Providence Road, Charlotte, NC 28226 (704) 366-5007



5007 Providence Road
Charlotte, NC 28226

Non-Profit
Organization
U.S. Postage
PAID
Charlotte, NC
Permit No. 2827



The
Dell Curry/
Charlotte Bobcats
Basketball Camp
August 10 - August 14
for Boys & Girls
8 to 18

Dell Curry



Present

• and •



**The Dell Curry/Charlotte Bobcats Basketball Camp
LJCC 2009 Summer Sports Camp
RELEASE FORM**

I/We, the undersigned parent/guardian of the minor listed on other side, do hereby consent to his/her participation in Levine JCC voluntary athletic programs and do forever RELEASE, acquit, discharge and covenant to hold harmless the Levine JCC and its successors, departments, officers, employees, servants, and agents of and from any and all actions, causes of action, claims, demands, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Levine JCC athletic programs; FURTHERMORE, we/I hereby agree to protect the LJCC and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Levine voluntary athletic programs.

Medical Waiver: I/We, the undersigned parent/guardian give permission to the Levine JCC, it's staff members & administrators, to seek medical attention on behalf of our child/children in the event of any injury sustained while participating in any of the LJCC Summer Sports Camps. We certify that our child/children are up-to-date on all immunizations and have no medical conditions that would prevent them from active participation in any LJCC Summer Sports Camps.

Print Name _____

Signature _____

Date _____

Payment Method: Cash Check Check# _____

Credit Card: Visa MC Discover

Please mail your payments to:

CC# _____

Levine JCC, Attn: Stephanie Garner
5007 Providence Road, Charlotte, NC 28226

3-Digit Code: _____ Exp. Date: _____