

# The Sandra & Leon Levine Jewish Community Center

Presents

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

**Monday, August 13 - Friday, August 17**  
**Monday - Friday Camp Hours 9:00 AM - 4:00 PM**

Dell Curry, current director of player programs for the Charlotte Bobcats, and former NBA player with the Charlotte Hornets, Milwaukee Bucks and Toronto Raptors, is returning this year to the JCC. Dell, a 16-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 overwhelming 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

**PERFECT IMAGE** inc.  
graphics • printing • mailing  
[www.perfectimageprint.com](http://www.perfectimageprint.com)



#### For Further Information

Please Contact  
Stephanie Garner  
Sports & Fitness Director  
**704/944/6743**

## The Dell Curry/Charlotte Bobcats Basketball Camp REGISTRATION FORM

Camper \_\_\_\_\_ Grade (Fall 2007) \_\_\_\_\_  
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 6, 2007**

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 13 - August 17  
for Boys & Girls  
8 to 18

Dell Curry



• and •  
Present



**The Dell Curry/Charlotte Bobcats Basketball Camp  
JLCC 2007 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: \_\_\_\_\_