About Skylanders Sports Camps

The Sussex County Community College Skylanders Sports Camp directors strive to create a team-building atmosphere while teaching and improving your child’s fundamental skills. Skylanders Sports Camps encourage good sportsmanship & recognize campers for their honest effort.

Designed for children ages 8-14. Exceptions may be made depending on skill level.

Day camps will break at approximately 11:30 daily for lunch. Campers have the option of bringing their lunch or purchasing their lunch in the cafeteria. Campers’ cell phones may be used during lunch break only.

For more information please contact the SCCC Assistant Athletic Director at 973-300-2751 or visit the camp website at sussex.edu/camps/

Skylanders Summer 2016 Sports Camps

BASEBALL

July 11-14, Mon thru Thurs • 9 am–3 pm
Baseball Camp Director:
Ramadan Mehmedi, SCCC Head Baseball Coach
This well established program continues to focus on the fundamentals of the game. Mornings are spent working on individual skills. Afternoons are enjoyed in game settings where new found knowledge can be put to the test. Sportsmanship is stressed and demonstrated throughout the camp experience. Team training available after camp. Register now – enrollment is limited!
Fee: $145 • Group/Team (5 or more): $110 each
Ages 8-14

CO-ED BASKETBALL

July 18-21, Mon thru Thurs • 9 am–3 pm
Basketball Camp Directors:
Randy Jackson, SCCC Head Men’s Basketball Coach
Kaitlyn Gaffney, SCCC Head Women’s Basketball Coach
Basketball campers will be grouped according to age and skill. Fundamentals such as shooting, passing, dribbling, and defense will be taught. Games will be played daily where teamwork and sportsmanship will be stressed. The week will culminate with championship games and contests.
Fee: $145 • Group/Team (5 or more): $110 each
Ages 8-14

NEW THIS YEAR!

Group/Team Sign-up & Save
Groups of 5 or more save $35 per camper
1. Fill out camper names
2. Each camper must fill out & submit registration form
3. Call the SCCC Foundation
   (973.300.2121) to make payment

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**SCCC Skylanders Summer 2016 Sports Camp Registration Form**

Name__________________________________________Camps________________________________________

Address__________________________________________________________________________________________________Age_______

Phone Number______________________________________________E-mail____________________________________________________

How did you hear about our camp? _______________________________________________________________________________________

Does camper have any medical conditions that would restrict certain activities? □ Yes □ No

Explain____________________________________________________________________________________________________________

Please list any allergies________________________________________________________________________________Epi-pen? □ Yes □ No

Physician’s Name________________________________________Physician’s Phone Number_________________________

Phone number where parent(s) can be reached during camp hours________________________________________

Emergency contact________________________________________Phone Number_________________________

Alt Emergency contact________________________________________Phone Number_________________________

Does your child have special needs?_____________________________________________________________________________ □ Yes □ No

Please specify_______________________________________________________________________________________________________

Present medical problems/allergies:_____________________________________Medicine taken regularly:_____________________

Group/Team Sign-up Names (minimum of 5):

1. ____________________________________  2. ___________________________________  3. ___________________________________

4. ____________________________________  5. ___________________________________  6. ___________________________________

7. ____________________________________  8. ___________________________________  9. ___________________________________

10. ___________________________________  11. __________________________________  12. ___________________________________

**Total Payment** $_________ □ Check □ Cash □ Credit Card □ Pay day of □ Group/Team (Call 973.300.2121)

To pay online (except group/team payments), visit https://commerce.cashnet.com/sussexfoundationpay

Please make checks payable to: **SCCC Foundation**

Mail Registration Form & check to: **Skylanders Sports Camp, SCCC Athletic Department, One College Hill Road, Newton, NJ 07860**

All medications will be collected by designated staff at the start of the day and returned to the student at the end of the day. The medications will be provided to the students at the appropriate time during the day.

By signing below, I verify the information provided is correct and consent to my child’s participation in the SCCC Skylanders Summer Sports Camp(s).

I hereby release Sussex County Community College, its trustees, agents, officers, servants and employees (collectively “SCCC”) from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained. I agree to indemnify SCCC, including reasonable attorneys’ fees, arising out of the above-named applicant’s participation and any medical, hospital or related expenses arising therefrom, including any claims arising out of the negligence of SCCC. I agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey and that if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I have carefully read this waiver, fully understand its contents, and am fully competent to sign this document.

I grant the SCCC staff the right to record my child’s likeness and/or voice for print production or on videotape or audio tape for use in the program or publications to be used by Sussex County Community College to promote the Skylanders Sports Camp program, and to submit these recordings and/or photos in their entirety, or portion thereof, (1) for classroom use in camps in which the child is officially enrolled, and (2) for possible cablecast on SCCC’s non-profit educational access channel, Channel 20! Service Electric Cable or in the case of photos to be used in SCCC publications including (but not exclusive to): Semester Course Guides, Catalog, Viewbook, and/or Advertisements, and/or photographs/articles/press releases to local newspapers and other media.

I hereby waive any and all claims for remuneration in any form for my child’s performance or service in connection with recordings and/or photographs made/taken and used by the SCCC Skylanders Sports Camp program.

□ No, I do not wish my child to participate in any camp publicity promotions.

**Parent/guardian name (print)** ___________________________ **Parent/guardian signature** _______________________ **Date** _______________________

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