

SUMMER BASKETBALL

CAMP

Our goal is to develop life skills using basketball as the vehicle to enable each player to be the best he or she can be.

Hoop Dreamz Basketball Camp will allow you to understand the game of basketball in a new way and learn what it takes to reach your full potential. You'll learn how to be mentally tough, physically fit and ready for any challenge.

FIVE WEEKS OF CAMP

July 5th - 9th at City Sports

July 12th - 16th at St. Johns

July 26th - 30th at St. Johns

Aug. 2nd - 6th at St. Johns

Aug. 30th - Sept. 3rd at City Sports

TWO AIR-CONDITIONED FACILITIES

City Sports - 62 Rt. 4 East Englewood, NJ

St. John's - 460 Hillsdale Ave. Hillsdale, NJ



HOOP DREAMZ CAMP DIRECTOR BILLY ARMSTRONG

Billy Armstrong is a 1994 graduate of Bergen Catholic High School. He led the Bergen Catholic Crusaders to a league, county and state title in his senior year. He earned All-League honors and All-County honors in 1994 and was selected by The Record for the 1990s All-Decade Team.

He received a Division I scholarship to Davidson College. During his senior year at Davidson, the Wildcats won the Southern Conference. The triumph led to the 1998 NCAA tournament.



After college, Billy went on to play professional basketball in Europe for six years. He has also played for the Pennsylvania Valley Dawgs with the USBL and the Newark Express with the ABA.

For over 10 years, Billy has dedicated his time to mentoring, training and assisting young players to enhance their basketball skills. He uses his expertise to teach and motivate future basketball stars. Recently, one of Billy's proudest accomplishments has been coaching the JV team at Bergen Catholic HS where he has a combined record of 39 - 6 over the past two years.

Playing professional basketball is a dream come true for this New Jersey native who is recognized as an outstanding athlete of the 1990s in Bergen County. With hard work and dedication he has designed his programs to provide individualized attention to the enhancement of basic skills and fundamentals of the game.

MEDICAL RELEASE FORM

List all injuries or illnesses _____

List all allergies _____

Does your child require medication? yes no

If so, please list all medications _____

CUT HERE

I hereby authorize the staff of Hoop Dreamz to act for me according to their best judgment in any emergency requiring medical attention for my child, if I cannot be contacted.

In consideration of acceptance of my child, I hereby for myself and my child waive and release any claims we may have for damages against the above mentioned organizations, camp operators, their officials, officers, employees or representatives, or their successors and assigns for any and all injuries that may be suffered.

I attest that my child is in sound condition to participate in all activities. I understand by signing this waiver any or all refunds will come in the form of camp credit.

Parent Signature _____

Date ____/____/____

For more information on
Hoop Dreamz Basketball Programs:
go to www.hoopdreamz.org