



2008 SUMMER MVP SPORTS CAMP 2008

@ GLEN RIDGE HIGH SCHOOL (Glen Ridge, NJ)

“For Parents who want the Best”



www.MVPCamps.com, info@MVPCamps.com

Basketball, Soccer, Baseball, Softball, or All Sports

CAMP TIME: 9:00 AM—2:30 PM
MONDAY-FRIDAY (Rain or Shine)
Half Day 9-12 or 11:30-2:30

ENROLLMENT: BOYS & GIRLS 6-14 Yrs of Age
ARE ELIGIBLE TO ATTEND

\$10 CHARGE FOR ON-SITE REGISTRATION!
PLEASE SIGN UP EARLY! ENROLLMENT IS LIMITED!



ALL SPORTS HIGHLIGHTS
A variety of games and activities including soccer, baseball, team dodge ball, team handball, basketball, and much more! A wonderful, well rounded sports experience.

Director of MVP Camps: Lou Calderone

MVP Camp Special Features

- Glen Ridge H.S. Athletic Director
- Teacher & Coach for 38 yrs. (G.R.H.S.)
- MVP Baseball Camp Supervisor
- Over 500 Victories
- 5 NJ State Championship Titles
- 7 NJ State Sectional Titles
- 12 Colonial Hills Conference Championships
- NJSIAA Hall of Fame
- Glen Ridge High School Hall of Fame
- South Plainfield High School Hall of Fame

- Quality Professional Staff
- 30 Years Experience in Sports Camps
- Individual Instruction & Game Experience
- Latest Equipment & Teaching Techniques
- Excellent Facilities
- Insurance for All Campers
- Pizza Day

Checks made payable to: Lou Calderone or Pro Kids, Inc.

MVP Camp Philosophy:

Mail to: Lou Calderone
C/O Pro Kids, Inc.
P.O. Box 8106
Glen Ridge, NJ 07028

- To provide a camp atmosphere conducive to developing athletic skill, encouraging fair play and sportsmanship, enhancing self-confidence, acquiring game experience in a non-competitive environment, and having a lot of fun!

*** For more information call: # 434-361-2226

EMERGENCY # DURING CAMP HOURS: 434-566-2697

**Please retain this portion for your records.
Please continue to page 2 for mail-in application.**

MVP CAMPS REGISTRATION FORM – SUMMER 2008

MAIL THIS APPLICATION FORM TO: Lou Calderone, C/O Pro Kids, Inc., P.O. Box 8106, Glen Ridge, NJ 07028
**Please make checks payable to Lou Calderone or Pro Kids, Inc.*

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2008 Summer Sessions	***PLEASE CHECK CHOICES (ONE ACTIVITY PER WEEK)		<u>\$SPECIAL DISCOUNTS\$</u>
	FULL DAY (\$215.00)	HALF DAY (\$175.00)	
JUNE 23 – JUNE 27	<input type="checkbox"/> All Sports or <input type="checkbox"/> Soccer	<input type="checkbox"/> <input type="checkbox"/>	Any 2 wks or 2 children \$399.00
JUNE 30 – JULY 4	<input type="checkbox"/> All Sports or <input type="checkbox"/> Basketball	<input type="checkbox"/> <input type="checkbox"/>	Any 3 wks or 3 children \$579.00
JULY 7– JULY 11	<input type="checkbox"/> All Sports or <input type="checkbox"/> Baseball	<input type="checkbox"/> <input type="checkbox"/>	Any 4 wks or 4 children \$749.00 (Best Value)
JULY 14 – JULY 18	<input type="checkbox"/> All Sports or <input type="checkbox"/> Softball	<input type="checkbox"/> <input type="checkbox"/>	*Children must be from the same family.

PLEASE WRITE CLEARLY! PLEASE WRITE CLEARLY! PLEASE WRITE CLEARLY!

Please Enroll (Name) _____

Address: _____
 _____ (ZIP) _____

Date of birth: _____ Age @ time of camp: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Emergency #: _____

Email Address: _____

Participant Waiver Statement

I hereby agree and/or represent that the applicant:

- 1) He/She is in good mental and physical health.
- 2) I understand that there may be some risks involved in participation of the above sporting activity, including but not limited to those associated with weather conditions, equipment, and other participants.
- 3) As a parent, I fully assume that risk associated with the participation in said sporting activity.
- 4) I hereby waive any and all claims that I may have against Pro Kids, Inc. and its employees and agents arising out of any personal damage that is incurred during said participation, whether active or inactive.

Parent or Guardian Signature _____ Print _____ Date _____

*****If there are medical problems we should know about, please list them below*****