

## **Tina Martin's Girls Basketball Camp at the University of Delaware**

Session I: June 21- June 25<sup>th</sup>

Session II: August 2-6<sup>th</sup>

### **Staff:**

Camp Director- Tina Martin, Head Coach

Coach Martin, in her 14<sup>th</sup> season as the University of Delaware Head Coach, was a former standout player at Lock Haven (PA) University. Martin was a two-time NCAA Division II All-American at Lock Haven and still holds the Pennsylvania State Athletic Conference record for career points. Coach Martin came from Seton Hall University where she was the assistant coach for eight seasons.

While at Seton Hall, Martin assisted in building the program into a Big East powerhouse. Seton Hall made two NCAA tournament appearances to the "Sweet Sixteen" and finished the season with its first ever national ranking, placing 14<sup>th</sup> in the final poll.

In 13 seasons, Martin has transformed the Blue Hens into one of the true powers, first in the America East conference, and currently in the Colonial Athletic Association, which Delaware joined beginning with the 2001-02 season.

In those 13 seasons, she has led the teams to a combined record of 237-149 (.613) overall and 146-83 (.638) in regular season league play with the Hens posting nine straight winning seasons through the 2006-07 season. The Hens have posted 20-win seasons in seven of the last 10 seasons and made post-season appearances in six of the last nine years, including two in the NCAA and four in the Women's National Invitation Tournament

### **Camp Objectives:**

- To teach and develop the fundamental basketball skills and enable every girl to increase her understanding of the game.
- To provide competition, enabling each player to apply skills and techniques as they are learned.
- To help develop each player's attitude and philosophy about basketball and life through good sportsmanship and fair play.

**Date:** Session I- June 21-25<sup>th</sup>  
Session II- August 2-6<sup>th</sup>

**Time:** 9:00-3:00PM (both sessions)  
Before and after care 8am-5pm available.

**Where:** Bob Carpenter Center and Delaware Field House

**Who:** Individuals ages 8-17

**Cost:** \$195 Full payment. Before and after care \$50 additional.

**Check-in:** First day of camp 8:00AM at the Delaware Field House

**Group Discount:** \$25 off for each participant in a group of 10 or more.

**Payment Options:**

1. Pay in full with application (*\$50.00 of this will be considered a nonrefundable deposit*)  
COST: \$195.00
2. \$50.00 nonrefundable deposit with application. \$145.00 due two weeks before camp starts  
COST: \$195.00
3. Walk-up registration (if spaces available) the first day of camp.  
COST: \$215.00

**CAMP INCLUDES:** Free camp t-shirt, awards and guest lectures.

FOR MORE INFORMATION CALL JEANINE RADICE AT (302) 453-9659 or email [jradice1512@yahoo.com](mailto:jradice1512@yahoo.com)

**REGISTRATION FORM:**

Part I: Tina Martin's Girls Basketball Camp

*To be completed by parent/guardian:*

Student Name:

Age:

Height:

Weight:

Grade in Fall '10:

School:

Home Address:

City:

State:

Zip Code:

Home Phone:

Emergency Phone:

Business Phone:

Cell phone:

**T-Shirt Size:** S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

**Payment Option:**

**Session I-June 21-25<sup>th</sup>**

**Paid in Full \_\_\_\_\_ Deposit \_\_\_\_\_**

**Session II- August 2-6<sup>th</sup>**

**Paid in Full \_\_\_\_\_ Deposit \_\_\_\_\_**

**Make checks payable to: HoopsTMJR**

**Mail to: Jeanine Radice**

**4 Strickland Court  
(Woodland Village)  
Newark, DE 19702**

**The sports camp is independently run and NOT a university sponsored program. PLEASE PRINT THE FOLLOWING MEDICAL FORM AND MAIL WITH PAYMENT.**

\*Registration will **NOT** be processed without the following information.

I hereby authorize the staff of the Tina Martin Girls Basketball Camp to act for me in accordance with their best judgment in any emergency requiring medical attention. I hereby waive and release the camp from any and all liability for any injuries incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in camp.

**Emergency Health Information:**

Applicant's SS#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

If Parent/Guardians cannot be reached, call: \_\_\_\_\_ Phone \_\_\_\_\_

My family physician is: \_\_\_\_\_

Indicate any serious medical conditions: \_\_\_\_\_

List the names of any medications the applicant is presently taking and for what medical condition: \_\_\_\_\_

Allergic to Penicillin, Aspirin, Other: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Are you insured by any other health benefit plan such as HMO, etc. (Specify Plan) \_\_\_\_\_

**Parents Signature** \_\_\_\_\_

**We do NOT provide Health and Accident Insurance!!!**