

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

Session I: June 21- June 25th

Session II: August 2-6th

Staff:

Camp Director- Tina Martin, Head Coach

Coach Martin, in her fourteenth 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 Athletics 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 14th in the final poll.

She has led Delaware to its first ever America East regular season and tournament championships and 2003 CAA regular season championship. Delaware has enjoyed five straight 20 win seasons for the first time in school history and six straight winning seasons. In the past three years Martin has an outstanding 73-19 record. She has taken Delaware to 4 out of 5 post season appearances.

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 21-25th

Session II- August 2-6th

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: \$200 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: \$200
2. \$50.00 nonrefundable deposit with application. \$145.00 due two weeks before camp starts
COST: \$200.00
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

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 21-25th

Paid in Full _____ **Deposit** _____

Session II- August 2-6th

Paid in Full _____ **Deposit** _____

Make checks payable to: HoopsTMJR

Mail to: Jeanine Radice

4 Strickland Court

(Woodland Village)

Newark, DE 19702

This sports camp is open to any and all entrants limited only by number, age, grade level and/or gender. This 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!!!