

**2013 TEACHER'S CONVENTION**

FOR BOYS GRADES 3-8



**Shot Ready Basketball CAMP**

**SHOT READY  
Camp Director  
BRIAN FEATH**

VARSITY BOYS BASKETBALL COACH,  
RIDGE HIGH SCHOOL

**R Shot Ready Camp Counselors**  
-RIDGE HS BOYS BASKETBALL COACHES  
Varsity: Kevin Byelick  
JV: Rocco Matrisciano & Ryan Farley  
Freshman: Sean Ulichney  
-FORMER RIDGE HS VARSITY PLAYERS

**Fundamentals of the game**

- |                         |                         |
|-------------------------|-------------------------|
| <b>OFFENSIVE DRILLS</b> | <b>DEFENSIVE DRILLS</b> |
| • Dribbling             | • On the ball           |
| • Passing               | • Off the ball          |
| • Shooting              | • Boxing out            |
|                         | • Help-recover          |
|                         | • Rotation              |

**Individual contests**

- 1-on-1
- Hot shot
- X-out

**Team contests**

- 3-on-3 tournament
- Camp champions
- 2-minute drill
- Half-court tournament
- Round robin

**COMPETE FOR AWARDS & PRIZES!**

Bring your own lunch. Snacks & drinks available for purchase

Shot Ready Basketball Camp is a private camp under the direction of Brian Feath. Although it is consistent with the mission of Bernards Township Board of Education, it operates as a separate entity.

**Shot Ready Application**

Please return completed application ASAP.  
**LIMITED SPACE AVAILABLE!!!**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency # \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_

Email Address \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Physician Phone # \_\_\_\_\_

We/I, the undersigned, are/am the parent or guardian of a student participating in the Shot Ready Basketball Camp. I hereby release the Bernards Township Board of Education and its agents from, and agree to indemnify and hold the Board harmless with respect to all claims arising out of the child's participation in this camp for damage to the property of my child, or to the property of others as a result of the acts of my child. My child is aware that the director(s) and instructors will be in charge of the students, and the students must follow their directions. We understand and agree that the Bernards Township Board of Education is hereby released from any and all claims and do further agree that the school, The Board of Education, and such persons, shall not be liable for injuries from any and all claims, damages or expenses in the event any suit is commenced by or on behalf of my child. I further agree to pay any reasonable attorney's fees and costs of litigation should any lawsuit against the Board of Education result from my child's participation in this camp.

I hereby certify that my son is in good physical health and may participate in all camp activities. My signature authorizes the camp staff to act using their best judgement in any emergency requiring medical attention. I hereby release Shot Ready Basketball Camp and staff from and against any liability or causes of action arising out of or in connection with participation in the camp. Camp management also reserves the right to remove children without refund for discipline issues.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\$100 per player**  
**[\$80 each additional sibling]**

**Make check payable to:**  
**Shot Ready Basketball Camp**

Send completed application & check payable to: **Shot Ready Basketball Camp**  
**9 Francis Drive**  
**Hillsborough, NJ 08844**

**2 FUN-FILLED DAYS OF SKILL DEVELOPMENT & PLAYER IMPROVEMENT**

**RIDGE HIGH SCHOOL**

Thursday & Friday,  
November 7th & 8th

**TIME**

9am-2pm

**COST**

\$100

QUESTIONS?

**Coach Feath: 973.202.6850**  
**bfeath23@gmail.com**