



**ALLBALLINC.COM**

**ALLBALL! was founded in 2000  
by Coach Jim Boyle**

Over 100 successful basketball camps  
serving more than 6,000 campers!

Camp Directors

**Billy Carr**

- Cabrini College Basketball Hall of Fame
- Division III - Basketball Player - Cabrini College
- All-time Leading Scorer Cabrini College History
- PE Teacher Springton Lake Middle School

**Brian Kearns**

- Assistant Coach - Upper Darby High School
- Former Director of Basketball Operations at Saint Joseph's University
- Former Coach Saint Joseph's University JV

*What are you doing **TODAY**  
to become a better player **TOMORROW?***

**Allball is running 3 programs this coming Fall!**

These programs are a great way to get your child ready for their upcoming seasons or try-outs.

The programs will focus on shooting, ball handling, passing & defense.

Each program will teach your child drills or skills that will help them to become a better basketball player.

**Open to Boys & Girls from Host School & Surrounding Areas**

**St. Pius  
FUNdamental  
Basketball Clinic**  
*Boys & Girls  
K through 4th Grade*  
**Location:** St. Pius  
Broomall, PA  
**Time:** 5:30PM to 6:30PM  
**Dates:** Mondays  
October 3rd, 10th,  
17th & 24th  
**Cost:** \$50.00

**St. Pius  
Preseason Workout**  
*Boys & Girls  
5th through 8th Grade*  
**Location:** St. Pius  
Broomall, PA  
**Time:** 6:45PM to 7:45PM  
**Dates:** Mondays  
October 3rd, 10th,  
17th & 24th  
**Cost:** \$50.00

**St. Pius  
Shooting Clinic**  
*Boys & Girls  
5th through 8th Grade*  
**Location:** St. Pius  
Broomall, PA  
**Time:** 8:00PM to 9:00PM  
**Dates:** Mondays  
October 3rd, 10th,  
17th & 24th  
**Cost:** \$50.00

**PACKAGE DEAL  
St. Pius  
Preseason Workout  
Shooting Clinic**  
*Boys & Girls  
5th through 8th Grade*  
**Location:** St. Pius  
Broomall, PA  
**Time:** 6:45PM to 9:00PM  
**Dates:** Mondays  
October 3rd, 10th,  
17th & 24th  
**Cost:** \$75.00

**ANY QUESTIONS CALL (610) 405-4800 OR VISIT [allballinc.com](http://allballinc.com) FOR THE CAMP NEAR YOU!**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Email: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender M / F Grade Entering \_\_\_\_\_ School \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
 Known Medical Conditions and/or Allergies: \_\_\_\_\_  
 Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

- I, \_\_\_\_\_, being the parent or guardian of \_\_\_\_\_ ("Camper"), a minor, hereby agree to the following:
- Camper is in good health, with no present medical or psychiatric conditions that would prevent attendance and full participation at an ALLBALL! Inc. Camp.
  - Camper has health insurance.
  - I hereby release and hold ALL BALL!, its shareholders, directors, officers, and employees harmless from any and all injuries, accidents, damages or losses that Camper may incur whether from natural or manmade causes, foreseeable or unforeseeable, expected or unexpected.
  - I am aware that the engaging in recreational and sports activities at the camp may be a hazardous activity. Camper is voluntarily participating in this activity with knowledge of the danger involved and I hereby agree to accept and assume any and all risks of injury associated therewith including, but not limited to, property damage, personal injury, bodily injury, or death.
  - As consideration for being permitted to attend and participate in an ALL BALL! camp, I hereby agree that I, on behalf of myself and Camper, will not make a claim against, sue or attach the property of or make any other demand on ALL BALL!, its shareholders, directors, officers, and employees or any of their affiliated organizations for injury or damage resulting from negligence or gross negligence or other acts, howsoever caused, by any employee, agent, or contractor of ALL BALL! or any of their affiliated organizations as a result of Camper's attendance and participation at an ALL BALL! camp. I hereby release ALL BALL!, its shareholders, directors, officers, and employees and any of their affiliated organizations from all actions, claims, or demands that I now have or may hereafter have for injury or damage resulting from attendance and participation at an ALL BALL! camp.
  - I agree that ALL BALL! may render immediate emergency medical treatment and/or transport Camper to a medical care facility.
  - ALL BALL! have my permission for photographs and/or videos to be taken of Camper and ALL BALL! has the right to utilize such materials in brochures and other promotional materials.
  - I agree that Camper must abide by camp policies and the instructions of the camp staff. I agree that should Camper be dismissed from camp, no part of the tuition shall be refunded.
  - I agree that no part of my tuition shall be refunded for late arrivals, early departures, vacations, illnesses or injury.

**MAIL FULL TUITION PAYMENT TO  
ALLBALL!,  
PO BOX 164  
MORTON, PA 19070**

Camp Location \_\_\_\_\_ Program \_\_\_\_\_ Cost \_\_\_\_\_  
 Preferred Shirt Size (Circle)    YS    YM    YL    AS    AM    AL    AXL    A2XL

Signature: \_\_\_\_\_ Date: \_\_\_\_\_