

SUE LIDDY BASKETBALL SUMMER CAMP

ACADEMY *of the* HOLY ANGELS

*For girls in grades 5-9
Invite only for Grades 10 & 11*

JUNE 23-27
9AM-1:30PM



Head Coach Sue Liddy
sliddy@holyanimals.org

"Lid" has achieved over 800 career wins as a high school women's basketball coach. She has also received multiple coach of the year honors from the Bergen County Women's Coaches Association and has been inducted into the New Jersey Coaches Association Hall of Fame.

Assistant Coaches: Sean Liddy & Alyssa Lane

Five Time Bergen County Champions
1995, 1999, 2000, 2003, 2007

Bergen Invitational Champions
2019

For more information on Holy Angels Camps, visit:
holyanimals.org/athletics/summer-sports-camps

ACADEMY OF THE HOLY ANGELS

315 Hillside Avenue | Demarest, NJ 07627



\$400 Per Athlete

**\$20 per day discount for
returning AHA players**

CAMP ACTIVITIES

Individualized Stations

Team Games

One on One

Free Throw Shooting

Defensive / Offensive Moves

SUE LIDDY
BASKETBALL
SUMMER CAMP
ACADEMY of the HOLY ANGELS

Participant Information

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Grade in Sept. 2025 : _____

T-shirt Size: _____ Basketball Experience (yrs): _____

Anticipated HS School: _____

Parent Information:

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Address: _____

As a parent/legal guardian of _____, I hereby give my full consent and approval for my child to participate in the Sue Liddy Basketball Camp at the Academy of the Holy Angels. I understand that good physical condition and freedom from injury are prerequisites to participate in this athletic activity. I certify that I have no knowledge of any physical impairment that would affect my child's participation in this camp program. In addition to giving my full consent for my child's participation, I do hereby waive release, and hold harmless any camp facility, coach, and supervisor by my child in the normal course of participation and activities incidental thereto, whether a result of negligence or any other carelessness.

Parent Signature: _____

Fee: \$400 non-refundable*

Checks can be made payable to 'Sue Liddy Basketball Camp'

Registration:

Please mail the completed registration form, health form, and check to:
The Academy of the Holy Angels Attn: Athletic Department - Sue Liddy
315 Hillside Avenue Demarest, NJ 07627.

Must be completed IN FULL by parent or guardian. Incomplete forms will be returned.

(STREET ADDRESS) (CITY) (STATE) (ZIP)

DATE OF BIRTH _____ / _____ / _____ **AGE** _____ **GRADE IN SEPTEMBER** _____

Date of last Physical **Date of last Tetanus**

Has the student ever experienced:	NO	YES	Dates (All YES answers must be explained)
Allergies			
Asthma /Reactive Airway/ Any Breathing Problems			
Blood Disorders/Nose Bleeds			
Cancer			
Chicken Pox			
Diabetes			
Headaches/ Concussion/ Unconsciousness/Memory Loss/Head Blow/Black Outs			
Hearing Problems/Hearing Aid			
Heart Disease/Problems with exercise			
Hepatitis			
Hi/Lo Blood Pressure/Fainting			
Hospitalizations/Infections/ER Visits			
Kidney /Urinary Tract Problem			
Medication Reactions			
Menstrual Disorder			
Mononucleosis/Fatigue/Tiredness			
Muscular Disorder/Ligament/ Tendon Damage/Injury/Sprains			
Orthopedic Disorder/ Broken Bones			
Chest Pain/Racing Heart			
Scoliosis			
Seizure Disorder			

Strep Infections			
Surgery/Outpatient Procedures/Tests			
Ulcer/Gastrointestinal Disorder			
Visual Problems/Glasses/Contact Lenses			
Other			

Since the last physical, has there been any incident of Heart Attack/Heart Trouble in a family member under 50 years of age? ____ N ____ Y

Any incident of sudden death of a family member? ____ N ____ Y

Does the student take any medication on a regular basis? No / Yes Name of Medication: _____

Recently stopped a medication? No / Yes Name of Medication: _____

Has the student ever been advised by a physician not to play a sport? ____ N ____ Y Reason: _____

Parent/Guardian 1 Full Name _____

Cell # _____ Home # _____ Work # _____

Email _____

Insurance Co. _____ Policy # _____

This information will be shared with all appropriate school personnel as needed.

Parent/Guardian 1 Full Name _____

Cell # _____ Home # _____ Work # _____

Email _____

Insurance Co. _____ Policy # _____

This information will be shared with all appropriate school personnel as needed.

Emergency Contact 1

Cell # _____ Home # _____ Work # _____

Email _____

Emergency Contact 2

Cell # _____ Home # _____ Work # _____

Email _____

By signing below, we are confirming that we have read and agree to the terms outlined above:

PARENT/GUARDIAN SIGNATURE DATE

STUDENT SIGNATURE DATE