



# Shani Baraka

## Skills & Drills

# Summer Basketball Camp

Monday, July 5<sup>th</sup> – Friday, August 20<sup>th</sup>, 2021

### LOCATION

Weequahic H.S. Gymnasium  
279 Chancellor Avenue  
Newark, New Jersey 07112  
(Goldsmith Avenue Entrance)

### TIME

Each Day Camp Runs from  
8:00am to 4:00pm Monday thru Friday.  
Campers should check-in between  
8:00am - 9:00am on the First Day.

### WHAT TO BRING/WEAR

T-shirt, Shorts, Sneakers, Swimming Trunks or  
Suits, Towel and Water Bottle.

### OUR GOAL

To encourage and develop our scholar/athletes  
into thriving and productive citizens  
on and off the court.

### CAMP STAFF

Campers will work with an all-star staff of  
experienced athletes, college players and local high  
school coaches. High school athletes will also assist  
as youth workers.

### FACILITY

Newly renovated, air conditioned facility with 8 half  
court and 2 full courts with retractable bleachers.  
Full access to an outdoor swimming pool and  
waterpark.

### BREAKFAST & LUNCH

Healthy Breakfast & Lunch will be provided daily.  
Campers are welcomed to bring snacks.  
**ALL CAMPERS ARE REQUIRED TO BRING  
WATER BOTTLES DAILY.**

### COMPETITION & STATIONS

The campers are grouped according to skill level and  
age for their respective fundamental stations..  
Instruction will include ball handling, shooting,  
passing, defense/offense and team play.

For more information please call: (973) 951-2016





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**Newark City Hall**  
920 Broad Street  
Newark, New Jersey 07102



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**Summer Enrichment Program 2021**  
**Rules & Regulations**



1. All participants must reside be residents of the City of Newark age 7-13.
2. Summer Enrichment Program operating days and hours are Monday – Friday 8:30am – 4:30pm. All children must be signed in by 9am by an adult. Children arriving after 9am will not be able to participate in the program for that day. It is important that all children are picked up by 4:30pm. Lateness will not be tolerated.
3. Adults (over 18) signing in or out a child must be listed on the registration form.
4. Children are not allowed to sign themselves in or out of the program.
5. Breakfast and lunch will be served daily unless otherwise noted.
6. On Monday during the summer, please send your child with a book or school summer packets for our Summer Literacy hour.
7. No WEAPONS, DRUGS, or ALCOHOL are permitted.
8. No electronics of any kind (cell phone, Ipods, PSP, etc.), jewelry or money will be permitted in the summer enrichment program. The City of Newark, Department of Recreation, Cultural Affairs & Senior Services will not be held responsible for the loss or theft of personal items. If you need to talk to your child, call (973) 733-3707 or (973) 715-2856. Any child seen with a cell phone, will be terminated from the program.
9. Staff must be made aware of any physical and/or psychological disabilities/handicaps (Learning Disability, Autism, Dyslexia, hearing or visually impaired, etc.) Any level of ADHD must be noted upon registration. This will not affect the child's enrollment. Children with asthma must bring their inhaler daily. NO medication will be administered by staff. That will be the responsibility of the parent.
10. There will be no form of disrespect tolerated towards participants, staff or others. Any child violating this will be terminated from the program.
11. Fighting, stealing, bullying or use of profanity will be tolerated. Any child violating this will be terminated form the program.
12. All children will be required to participate in all activities unless directed by a parent or physician.
13. All children are to wear comfortable clothing (no sandals or flip flops); they are to bring swim wear daily (this includes swimming cap & towel).
14. Children absent 3 or more days during the course of the program will automatically be terminated from the program. The only exception is pre-planned vacations and mandatory school activity.



**PLEASE RETURN THIS SIGNED PORTION WITH THE  
REGISTRATION FORMS**

I have read and discussed these rules & regulations with my child and we understand and agree to adhere to the rules & regulations set forth by the Summer Enrichment Program 2020 Program. *(Both Legal Custodial Parent/Guardian and participant signatures are MANDATORY.)*

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Custodial Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Summer Enrichment Program 2021  
Pick Up List**

List all Adults (other than Legal Custodial Parent/Guardian) who are authorized to pick-up the participant.

1- Name: \_\_\_\_\_ Phone:# \_\_\_\_\_

2- Name: \_\_\_\_\_ Phone:# \_\_\_\_\_

3- Name: \_\_\_\_\_ Phone:# \_\_\_\_\_

4- Name: \_\_\_\_\_ Phone:# \_\_\_\_\_

5- Name: \_\_\_\_\_ Phone:# \_\_\_\_\_

6- Name: \_\_\_\_\_ Phone:# \_\_\_\_\_

7- Name: \_\_\_\_\_ Phone:# \_\_\_\_\_

8- Name: \_\_\_\_\_ Phone:# \_\_\_\_\_



**Summer Enrichment Program 2021**

**Registration Form**

**Participant Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Nickname: \_\_\_\_\_ D.O.B.: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Participant Fun Facts:**

Interests: \_\_\_\_\_ Hobbies: \_\_\_\_\_ Special Talents: \_\_\_\_\_  
T-Shirt Size: \_\_\_\_\_ Previous Athletic Experience: \_\_\_\_\_

**Parent Information:**

First & Last Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
Work Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Contact:**

First & Last Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
Work Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information:**

Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Relationship: _____	Relationship: _____

Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Relationship: _____	Relationship: _____

**Print Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**Summer Enrichment Program 2021**  
**Parental Medical History/Information**



Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Explain "yes" answers below:

	Yes	No
Has your child ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had chest pains during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child get tired more quickly than friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had a racing heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family has a heart problems/Before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any skin problems? (itching, rashes, acne)	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had trouble breathing or do they cough during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any special equipment (pads, brace, neck rolls, mouth/eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child wear glasses, contact lenses or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any medical problems (diabetes, sickle cell, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child your child had any medical problems or injury since their last physical examination?	<input type="checkbox"/>	<input type="checkbox"/>
When was your child's last physical examination?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever sprained/strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>

Head    Back    Shoulder    Forearm    Hand    Hip    Knee    Ankle  
 Hip    Neck    Chest    Elbow    Wrist    Thigh    Foot    Finger

Explain "yes" answers: \_\_\_\_\_

I hereby state that to the best of my, my answers to the above questions are correct

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

# MANADATORY PHYSICAL EXAMINATION

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

(Please put full address apt. # and/or floor)

Contact #: \_\_\_\_\_ Email Address: \_\_\_\_\_

PHYSICAL EXAMINATION- To be completed by a Licensed M.D.

Code: / -Negative X- Not satisfactory (explain)

General Condition or Appraisal _____	Throat-tonsils _____
Height _____	Teeth: position _____
Weight _____	Caries _____
Posture and spine _____	Heart _____
Feet _____	Murmur _____
Skin: scabies _____	Blood Pressure _____
Athlete's Foot _____	Sys. _____ Dias. _____
Impetigo _____	Lungs _____
Infection _____	Abdomen _____
Pediculosis _____	Genitals _____
Eyes: Vision _____	Hernia _____
Discharge _____	Urine _____
Glasses _____	Allergy: Animals _____
Ears: Hearing _____	Food _____
Discharge _____	Food _____
Nutrition _____	Drugs _____
Blood Hemog. (Desirable) _____	Other _____
Nose _____	Diabetic _____

I believe this child is able to attend and participate in this activity with the following restrictions and recommendations:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Licensed Physician Signature & Stamp

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: ALL PRESCRIPTION DRUGS MUST BE ACCOMPANIED BY SPECIFIC DIRECTIONS FROM A LICENSED PHYSICIAN THAT INCLUDES DIRECTIONS ON AN ORIGINAL PRESCRIPTION BOTTLE, A NOTE ON THE SIGNED HEALTH EXAMINATION FORM OR PHYSICIAN PAD (FREQUENCY MUST BE CLEARLY INDICATED).**