

# Phillipsburg Youth Basketball Camp

Dates: June 22-25, 2026

Time: 9:00-12:30 p.m.

Location: Phillipsburg High School



## Boys & Girls Entering Grades 3-9



The camp is designed for players of all levels. Instruction will focus on skills and fundamentals of the game, including ball-handling, shooting, passing, defense, rebounding, and screening. Players will be grouped by age/skill level for station work, full-court drills, and scrimmages.

**Coaches:** Phillipsburg Varsity Head Basketball Coaches Todd Sigafos and Nicole Fulmer & staff

**Payment:** \$140 (checks made payable to Stateliner Boys Basketball)

**Please send payment with the detached form to the following address:**

Phillipsburg Youth Basketball Camp  
 c/o Paul Sofhauser  
 631 Hillcrest Blvd  
 Phillipsburg, NJ 08865

Register by  
 May 31st to be  
 guaranteed a  
 camp tshirt!

For more information contact: [statelinerbasketball@gmail.com](mailto:statelinerbasketball@gmail.com)



### PERSONAL INFORMATION

Player Name							
Parent/Guardian Name(s)							
Home Address							
School				Age			
Gender				Grade Next School Year			
Email				Phone			
T-shirt size (circle one)	YS	YM	YL	AS	AM	AL	AXL

### EMERGENCY CONTACT & CONSENT

Emergency Contact/Consent I give my consent and approval for the above named student to participate in the Phillipsburg Youth Basketball Summer Camp on June 22-25, 2026. I also give my consent and approval for the hospital's emergency room staff to treat and care for the above named student in the event of an injury/emergency. I am aware that the Phillipsburg Basketball Programs, the town of Phillipsburg, Phillipsburg School District, and the clinic staff are not held responsible for any injuries sustained during the camp. I further acknowledge that the above named student is of good health and able to participate in the aforementioned camp.

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

Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Insurance? Yes/No \_\_\_\_\_ Subscriber \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Group Number \_\_\_\_\_

Any additional Medical Conditions/Concerns \_\_\_\_\_