

# PLYMOUTH WHITEMARSH BOYS BASKETBALL

*A Tradition of Excellence*

## 2025 Summer Camps

*Directed by PW Coaches Jim Donofrio & Chuck Moore*

*Instructional! Competitive! Challenging!*

**Session 1: June 23 – 26 (Monday thru Thursday)**

**Session 2: July 21 – 24 (Monday thru Thursday)**

**Daily Time: 9:00 am – 3:00 pm**

**COST: \$230.00 per Camper**

(Family Rate: 2+ children from same family = \$220.00 each child per camp)

**Location:** PWHS **Ages:** Boys/Girls entering grades 4 through 9 (ages 8-14)

**\*\*We will consider kids entering 3<sup>rd</sup> grade if you feel they are mature enough**

- Skills & fundamentals taught through training sessions and workouts.
- Teaching clinics (topics change with each camp) by PW Coaching Staff
- Daily Half & Full Court team games.
- Low camper to coach ratio = less standing, more learning and playing
- 2 Gyms, 5 Full Courts, 14 Baskets
- The opportunity to play and learn with current and past PW players.
- Different leagues created based on age levels to ensure fair competition.
- Snack bar will be open each day.

***We look forward to seeing you in summer 2025!***

**PLEASE REGISTER ONLINE AT [PWHOOPS.COM](http://PWHOOPS.COM).** Should you have any questions or prefer a paper application please either call us at **610-825-1500 ext. 1330**, leave a message and we will respond promptly, or email us at [jdonoferio@colonialsd.org](mailto:jdonoferio@colonialsd.org).

### 29 LEAGUE CHAMPIONSHIPS

1963	1984	1993	2002	2007	2011	2017	2023
1964	1989	1994	2004	2008	2014	2018	
1967	1990	1996	2005	2009	2015	2021	
1972	1991	1997	2006	2010	2016	2022	

**Pennsylvania State Champions: 1963, 1997, 2010**

**District 1 Champions: 1963, 1964, 1974, 1975, 1998, 2016, 2023**

### Basic Information

- **CAMPER SKILL LEVEL:** Our campers display a basic to advanced level of basketball skills. The camps are designed for children with basic basketball skill level. Every year we welcome newcomers for whom this may be their first basketball camp experience. So long as they bring a basic set of athletic skill, enjoy competition, and want to learn and improve they will be fine. If you are unsure, please feel free to email me or call me and we can discuss.
- The doors of Plymouth Whitemarsh High School's Gym West will open at 8:30 am. Campers may arrive at this time and shoot around. Camp officially starts 9 - 9:15 am.
- Camp ends each day at 3:00 pm. Campers may bring a lunch each day, or they can purchase food at the snack bar, which will include items such as burgers, pizza, chicken, iced tea, and Gatorade. Lunch is at noon.
- Use of the facilities will include any or all of the following: PWHS Gym West (the 'new' gym); PWHS Gym North (by the pool), snack bar at PWHS Gym West; bathrooms, and West lobby.
- Campers will be in either Gym West or North at various times during the day. All campers will be reunited in the PWHS Gym West by 3:00 pm Monday thru Thursday.
- PLEASE ADVISE COACH DONOFRIO IF YOU ARE PLANNING ON BRINGING YOUR CHILD LATE OR PICKING HIM OR HER UP EARLY ON ANY PARTICULAR DAY. Please also email ahead of time to advise if your child will not be attending a particular day, in order for us to keep track of attendance. ([jdono@colonialsd.org](mailto:jdono@colonialsd.org)).
- **REFUND POLICY**  
A full refund, minus a \$15.00 processing fee per camper, will be awarded prior to the start of camp. If a child withdraws from camp after attending the Monday session, a 50% refund will be awarded, minus the \$15.00 fee. No refunds will be offered beyond that time.

As coaches we always enjoy the opportunity camp week offers to meet the players of the future and influence them in as positive a fashion as we can. Should you have any questions at all please do not hesitate to contact us at **610-825-1500 ext. 1330**.

Sincerely,

Coach Jim Donofrio, PW Boys Varsity Basketball

**YOU CAN REGISTER & PAY ONLINE AT [pwhoops.com](http://pwhoops.com)!**

Please complete the 2025 application form below:

Please **CONFIRM** Desired Camp Week: **June 23 - 26**      **July 21-24**      **BOTH**

**Camper's Information:**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Applicant's Grade as of September '25: \_\_\_\_\_ Name of school: \_\_\_\_\_  
Parents email address: \_\_\_\_\_

**Parent/Guardian Information:** (Please complete **all that apply**)

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Mother's Daytime Phone Number \_\_\_\_\_  
Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Father's Daytime Phone Number \_\_\_\_\_  
Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Guardian's Daytime Phone Number \_\_\_\_\_

Please list the individual(s) that will be picking up your child at the conclusion of camp:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone \_\_\_\_\_

**Health Information:**

Please advise of any and all allergies, recurring illnesses, injuries, disabilities, etc:

Is the applicant allergic to any medications such as aspirin, Tylenol, etc? Yes No

Please list medications allergic to: \_\_\_\_\_

Do you give permission for us to provide the applicant with Aspirin/Tylenol (circle one or both), if he/she requests such medicine? Yes No

Signature of parent/guardian \_\_\_\_\_

Name of family physician and phone number: \_\_\_\_\_

Emergency contact person in case parents/guardian unreachable:

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

## MEDICAL AUTHORIZATION AND RELEASE

### **Medical Treatment Authorization:**

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians, camp staff, or emergency personnel to perform any necessary emergency treatment.

Parent or Guardian Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_

### **RELEASE**

I, the undersigned, individually as parent(s) and guardian(s) of \_\_\_\_\_  
A minor, ask that he be admitted to participate in this sport camp sponsored by PW Boys Basketball. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Colonial School District, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp.

### **BOTH SIGNATURES REQUESTED:**

Mother's/Guardian's signature: \_\_\_\_\_

Father's/Guardian's signature: \_\_\_\_\_

### **ONLINE REGISTRATION**

For your convenience you can go to [pwwhoops.com](http://pwwhoops.com) and complete this form electronically and pay online. Your registration will automatically be reserved as soon as you are done.

### **IF YOU NEED OR PREFER TO COMPLETE THE PAPER APPLICATION AND MAIL IN A CHECK:**

Checks should be made payable to ***"PW Boys Basketball"*** and mailed to:

Jim Donofrio  
434 Volpe Road  
Plymouth Mtg., PA 19462.

### **WALK-REGISTRATION**

We do take walk in registrations on Monday morning if you are running late.