



2009 Basketball Day Camp Application

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Age at Camp _____ T-Shirt size _____ Grade Fall 2009 _____

Head Coach Cell # _____ Fax: _____

*E-mail Address _____

Please check the camp you wish to attend:

A non refundable deposit of \$100 is needed to process application. Balance is due at registration check-in. No refunds for cancellations, injury, or illness if less than one week prior to camp.

- Session I (June 15-18)** **205.00**
 Session II (July 13-16) **205.00**

Additional material and acknowledgement of your registration will be mailed to you upon receipt of your application and \$100 non-refundable deposit

Medical Information

Name of Applicant _____

All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted.

This form must be signed by the parent or guardian of the camper.

Camper Insurance Co. _____ Policy # _____

Subscriber's Name _____ Phone # _____

Pre-authorization required by company YES NO

Waiver Authorization

I understand that there are risks involved with my child's participation at the Stan Heath Basketball Camp. Therefore, I consent for my child to receive any emergency medical treatment deemed necessary by the Sports Medicine Staff at the Stan Heath Basketball Camp and agree that the Sports Medicine Staff may determine my child's participation at any time and for any reason. I waive and release the Stan Heath Basketball Camp, the University of South Florida, the Board of Trustees, the Board of Governors, the State of Florida, the USF Foundation, the Sun Dome, Inc (or any other entity designated by Florida law to manage, operate and/or oversee the University of South Florida or the Board of Trustees), and their heirs, assigns or successors in interest of any and each of them from any and all liability which may result or arise from either my child's athletics participation or any medical treatment my child may receive. If any portion of this release is held to be illegal, unenforceable, or in conflict with any laws of the State of Florida by any Court of competent jurisdiction, the remaining portions of this release shall not be affected.

Signature _____ Date _____

Balance due for all campers at registration check in.

Please make checks payable to: Stan Heath Basketball Camp.

Mail application to:

University of South Florida
Attn; Stan Heath Basketball Camp
4202 E. Fowler Ave., SUN 141
Tampa, Florida 33620