

2009 UB BOY'S BASKETBALL CAMP REGISTRATION FORM

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 E-mail Address: _____
 Emergency Contact: _____ Phone: _____
 Grade in Sept '09 _____ Height: _____ Weight: _____ Position: _____
 School Name: _____ Coach: _____

Shirt/Jersey size (circle): Youth: M L Adult: S M L XL 2XL

Please indicate the camp(s) you are registering for:

- \$129 June 6-7 College Prospect Camp
- \$195 June 6-7 College Prospect Camp: *Overnight*

- \$199 June 29- July 3 Full Week Camp 1: *Individual Rate*
- \$179 June 29- July 3 *Team Rate**
- \$179 June 29- July 3 *Family Rate***

- \$199 July 27-31 Full Week Camp 2: *Individual Rate*
- \$179 July 27-31 *Team Rate**
- \$179 July 27-31 *Family Rate***

- \$369 Both Camps 1 & 2: *Individual Rate*
- \$329 Both Camps 1 & 2: *Team Rate**
- \$329 Both Camps 1 & 2: *Family Rate***

Total enclosed \$ _____

**To qualify for a team rate, five or more members of the same team must send all registration forms with payment together. Each camper must complete separate forms.*

***To qualify for a family rate, two or more brothers from the same family must send registration forms with payment together. Each camper must complete separate forms.*

Spaces limited ... Register Today!

I hereby request that my child be admitted to the UB Boy's Basketball Camp and authorize the directors or any member of the staff to act for me according to their best judgement in any emergency requiring medical attention for which I will pay all costs. I understand that any camper who does not abide by the rules and regulations of the camp is subject to dismissal without reimbursement or recourse.

Parent/Guardian signature _____

Date _____

2009 UNIVERSITY AT BUFFALO BOY'S BASKETBALL CAMPS



Register online at ubcamps.com, or return completed registration form, medical form (on back) and payment (**check or money order ONLY**) payable to UB Boy's Basketball Camp:

UB Boy's Basketball Camp
 121 Fargo Building
 Buffalo, NY 14260

WAIVER FORM RELEASE FOR MEDICAL TREATMENT

Please complete this application carefully and fill out all of the information. Your admittance to the camp may be delayed if the information is incomplete.

Name: _____

Date of Birth: _____ Sex: _____ Age: _____

Health History: *Please list ANY allergies, disease, medications, special needs, restrictions and/or limitations. Please include a separate sheet if you need more space.* _____

List date(s) of immunization against the following:

- _____ Diphtheria
- _____ Haemophilus Influenza Type B
- _____ Measles
- _____ Mumps
- _____ Poliomyelitis
- _____ Rubella
- _____ Tetanus
- _____ Varicella

Family Physician's Name: _____

Physician's Phone Numbers: _____ (Day) _____ (Evening)

Parent/Guardian Health Insurance Company: _____

Policy Number: _____

Address: _____

Parent/Guardian Authorization:
This health history is correct to the best of my knowledge, and the person herein as described has permission to participate in all camp activities except as listed above. In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named above.

My son/daughter has had a physical recently and may participate in all activities at the UB Camp. I give permission for my son/daughter to be treated by a certified athletic trainer or licensed physician. I further agree that the UB Camp staff should be held harmless from and indemnified against any and all liability, cost claims, loss or damage which it or they may incur as a result of an accident or injury to my child.

Parent/Guardian Signature (Required) _____

Date _____

Please note: NCAA rules prohibit representative of UB's athletics interests (a booster) who is not naturally or legally responsible for a prospective student-athlete (grades 7-12) from providing any expenses to attend a camp or clinic. Violations of this could result in loss of NCAA eligibility for the prospective student-athlete. If you have questions regarding this or any other NCAA rule, please contact the UB Office of Compliance at (716) 645-3146.

A FULL TIME ATHLETIC TRAINER WILL BE AVAILABLE AT ALL TIMES