

REFUND POLICY

In order to obtain optimum results, we ask campers to comply with camp rules and we expect conduct worthy of gentlemen. We reserve the right to return home any camper (without refund) whose influence, in our judgment, is harmful.

Day Camp: If an accepted day camp application is withdrawn for any reason up until 8 days prior to the start of the camp, a refund will be issued less a \$30 cancellation fee. If a refund request is received for any reason within 1 week of the day camp start date, a refund will be issued equal to half of the amount paid. No refund will be issued after the start of camp. A letter must accompany all refund requests.

RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

In consideration for the Attendee being permitted to participate in the Pat Chambers Basketball Camp, I do waive and release forever any and all rights for claims and damages I may have against Boston University, its trustees, officers, agents, employees and Coach Pat Chambers, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury, that may be sustained by Attendee or by any property belonging to Attendee, whether caused by negligence or carelessness on the part of Boston University, its trustees, officers, employees, agents, and Coach Pat Chambers, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Pat Chambers Basketball Camp, or any adjunct to the Pat Chambers Basketball Camp, occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in the Pat Chambers Basketball Camp, due to the physical nature of the Pat Chambers Basketball Camp, including but not limited to falls, contact with other participants, and being injured by thrown or batted balls. Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that the Pat Chambers Basketball Camp is neither administered nor sponsored by Boston University and that Coach Pat Chambers is providing the camp outside the scope of his employment with the University. I agree to release, hold harmless, and indemnify Boston University, its trustees, its officers, its employees, its agents, and Coach Pat Chambers from any and all claims and liability arising out of the Pat Chambers Basketball Camp.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Date: _____



Coach Pat Chambers
285 Babcock St.
Boston, MA 02215

PAT CHAMBERS BASKETBALL CAMP



2009 CAMP DATES:

Father/ Daughter- Son Camp June 20th
Day Camp #1: June 22nd— June 25th
Day Camp #2: June 29th— July 2nd

FOR FURTHER INFORMATION CALL
Adam Fisher
Dir. of Basketball Operations
617-358-0749

Father/Daughter - Son Camp:
For girls & boys of all ages
Day Camp for Boys: Ages 7 to 18

CAMP FEATURES

- Fundamental Instruction
- Enthusiastic, Experienced Staff
- Convenient Location
Boston University
Fitness & Recreation Center
915 Commonwealth Avenue
- Concessions
- Prizes
- T-Shirts for all Campers

ABOUT HEAD COACH

PAT CHAMBERS



COACH CHAMBERS WAS HIRED AS THE NEW BOSTON UNIVERSITY MEN'S BASKETBALL COACH IN APRIL OF THIS YEAR. PRIOR TO JOINING BU, COACH CHAMBERS SPENT FIVE YEARS WITH THE VILLANOVA WILDCATS. THOSE FIVE YEARS PRODUCED FOUR NCAA SWEET 16 APPEARANCES, TWO ELITE 8'S AND A BIRTH IN THE 2009 FINAL FOUR. VILLANOVA POSTED A 126-45 RECORD (.737 WINNING PERCENTAGE) IN THE LAST FIVE SEASONS. AS THE ASSOCIATE HEAD COACH AT VILLANOVA, COACH CHAMBERS HELPED LEAD VILLANOVA TO A MARK OF 30-8, SETTING THE SCHOOL'S SINGLE-SEASON WIN TOTAL. THE WILDCATS ADVANCED TO THE NCAA TOURNAMENT ALL FIVE YEARS COACH CHAMBERS WAS ON STAFF AND POSTED A 56-28 (.667) CONFERENCE RECORD IN THE FORMIDABLE BIG EAST.

Basketball Program Highlights

Individual Skill Development

- SHOOTING
- BALL HANDLING
- SCORING THE BALL
- PASSING
- FOOTWORK
- STOPPING YOUR OPPONENT

Fun, Games, & Surprises

- THREE-ON-THREE
- FIVE-ON-FIVE
- KNOCK-OUT
- 2 BALL
- GEAR—CONTESTS!



Typical Day Camp Schedule

STATIONS, LEAGUE GAMES, CONTESTS, & GUEST LECTURES!
*TOUR OF LOCKER ROOM AND MORE!!

WHAT TO BRING TO CAMP

- A GREAT ATTITUDE EVERY SINGLE DAY
- LUNCH * CAN PURCHASE DRINKS AT CAMP
- SNEAKERS
- T SHIRTS / SHORTS
- WATER BOTTLES
- NO BASKETBALLS!!

2009 CAMP APPLICATION

Father / Daughter-Son Camp Tuition: \$100 for 1 Adult, 1 child—\$125 for 1 Adult, 2 children
Day Camp Tuition: \$195
Registration deadline for all camps is June 15th, 2009
Pat Chambers Basketball Camp is open to any and all entrants.
Make checks payable to: Pat Chambers Basketball Camp

CHECK ALL SESSIONS YOU WISH TO ATTEND:

Father/Daughter-Son Camp: June 20 _____
M Day Camp I: June 22-25 _____
M Day Camp II: June 29-July 2 _____

Camper Last Name: _____
First Name: _____

Father's Name/Age (Father/Daughter-Son Camp ONLY): _____

Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Age: _____
Date of Birth: _____ Grade in School: _____ (Fall 2009)
Email Address: _____
T-Shirt Size Camper: _____ T-Shirt Size Father: _____

CAMPER HEALTH RECORD

Please complete the following section in full and submit with a valid physical examination (dated between June 2008 and present).

Emergency Information:

Mother's Name: _____
Phone: _____
Father's Name: _____
Phone: _____
Emergency Contact: _____
Phone: _____
Relationship: _____
Phone: _____

Insurance Information:

Company: _____
Policy #: _____
Policyholder's Name: _____

Medical History:

Primary Care Physician: _____
Phone: _____
Last Tetanus Immunization: _____

Please list any current medications, allergies, surgeries, physical restrictions, or chronic/recurring illnesses. If more space is needed, submit a separate sheet with application.

PARENT AUTHORIZATION AND CONSENT TO TREATMENT

The above stated information is accurate to the best of my knowledge. My son has my permission to participate in camp activities and to be treated by the camp medical staff in case of injury or when medication needs to be administered. I authorize the Pat Chambers Basketball Camp training staff to release medical information for the above participant to the parents and physicians in case of emergency. Furthermore as the parent/legal guardian for this child I understand it is my responsibility to provide the Pat Chambers Basketball Camp with a complete valid physical examination for this camper prior to the start of camp.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Date: _____