

MEDICAL INSURANCE INFORMATION

(optional)

Insurance Company Name

Insurance Company Phone #

Policy Number: _____

Plan: _____

Policy Holder Name:

Camper Date of Birth: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name:

Address: _____

City _____ State _____ Zip _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Pager # _____

If ECU Sports Medicine is unable to contact the above mentioned person, whom should be contacted next:

Name: _____

Cell Phone # _____

ECU BOYS BASKETBALL SCHOOL

UNCONDITIONAL & FULL GENERAL RELEASE AND COVENANT NOT TO SUE

PLEASE READ THIS CAREFULLY. IT AFFECT CERTAIN RIGHTS YOU AND/OR YOUR CHILD MAY HAVE IF YOU AND/OR YOUR CHILD IS INJURED OR OTHERWISE SUFFERS DAMAGED PARTICIPATING IN THE CAMP.

In return for East Carolina ECU allowing me/my child ("Participant") to participate in the ECU Boys Basketball School ("Camp") and other good and valuable consideration, I agree, and state, on my behalf, my heirs, assigns, executors and others, as follows:

- I state and affirm that I am the Participant/Participant's Parent Guardian, and am fully competent to read and sign this Agreement; and I execute this release for full, adequate, and complete consideration fully intending for myself, for the Participant (if I am signing on behalf of my child), and for my Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.
- That I understand that I/Participant am/is participating in the Camp freely and voluntarily and the Camp is not required by East Carolina ECU. I acknowledge that my/Participant's participation in the Camp is a privilege and that this privilege is a tangible benefit to me/Participant.
- I/Participant am/is familiar with and will obey, any and all of the rules established for the camp.
- I/Participant and I understand and appreciate the inherent risks and dangers of participating in the Camp that could result in property damages and/or personal injury, including aggravation of pre-existing health conditions, including, but not limited to heart-related conditions, or death; and I/Participant and I agree to accept all risks whether present or future, know or unknown, arising from or as a result of my/Participant's participation in this Camp.
- That I/Participant and I WILL HOLD HARMLESS AND INDEMNIFY EAST CAROLINA UNIVERSITY and its officials, administrators, employees and all sponsors and individuals assisting in the Camp, for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my/participant's participation in this Camp.
- I agree to assume all risks and costs related with my/Participant's participation in this Camp.
- That in the event that I/Participants am/is rendered unable to communicate due to illness, accident, or emergency while participating in the Camp, I hereby give permission to a Physician selected by the Camp's personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me/Participant.
- That I have read and understand this :Unconditional and Full General Release and Covenant Not To Sue."

X _____

Signature of Parent Guardian Date

Name _____

Address _____

City _____ State _____ Zip _____

ECU Boy's Basketball School
268 Ward Sports Medicine Bldg
Greenville, NC 27858



BOY'S BASKETBALL SCHOOL



LIL' PIRATES

AGES 4-8 years

SESSION 1 - June 22-25 ,2009

SESSION 2 – July 13-16 , 2009

Monday-Thursday 6 pm-8 pm

Cost: \$50 per session



AGES 7-17 years

June 22-26, 2009

Monday-Thursday 9 am-3 pm

Cost: \$200



AGES 7 to rising 7th grade

July 13-17, 2009

Monday-Thursday 9 am-3 pm

Cost: \$200



CAMP INFORMATION

- Each camp offers a solid foundation in skill development and motivation
- The teaching progression and stations takes into account age and skill differences
- Both offensive and defensive stations teach young players the importance of fundamentals and hard work
- 5 on 5 games encourage teamwork as well as promote competition
- Fun and interaction with ECU Players and Coaches
- Each Camper will receive an ECU-Nike Camp T- Shirt
- Campers attending Day Camp (9am-3pm) will be provided lunch Monday-Thursday; price is included in the cost of tuition.



Day Camp will run from 9:00 am until 3:00 pm. Registration will begin at 8:15 am on the first day of camp in Minges Coliseum on ECU Campus. The day camp will Conclude Friday at noon.



APPLICATION

Detach application, liability waiver, and medical release form and mail with non-refundable deposit to:

ECU Boy's Basketball School
268 Ward Sports Medicine. Bldg
Greenville, NC 27858

Camper Name: _____

Age: _____ D.O.B: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

School: _____ Grade Next Fall: _____

CAMP ONE:

LIL' PIRATES CAMP

Monday-Thursday 6 pm-8 pm

SESSION 1 - June 22-25 \$50 (non-refundable deposit)
 AGES 4-8 years

SESSION 2 - July 13-16 \$50 (non-refundable deposit)
 AGES 4-8 years

CAMP TWO:

BOY'S BASKETBALL SCHOOL

Monday-Thursday 9 am-3 pm & Friday 9 am - 12 pm

SESSION 1 - June 22-26 \$100 (non-refundable deposit)
 AGES 7-17 years

SESSION 2 - July 13-17 \$100 (non-refundable deposit)
 AGES 7-17 years

- Balances must be paid at registration prior to camps
- Make checks payable to: ECU Boy's Basketball School
- For more information contact Beth Kirkland at the:
 ECU Men's Basketball Office 252-737-4592

MEDICAL CONSENT & TREATMENT RELEASE

Camper Name: _____ Camp: ECU Boys' Basketball School

Check one of the following and sign below

___ In the event of illness or injury, I understand that every attempt will be made to treat my child's injury or illness by the camp medical staff. In the event of an emergency, I hereby grant my consent for medical treatments and permission for the attending physician or appropriate medical personnel selected by the Camp, to hospitalize, secure proper treatment and/or injections, anesthesia, or surgery for, and to take any other medical actions necessary to treat my child. I will be responsible for any medical, or other, charges connected with my (son's or daughter's) attendance at camp and acknowledge that Camp will contact me at the numbers I provided below if such measures are to be taken.

___ I do not want any type of medical treatment provided to my child.

Parent/Guardian Name _____ Signature _____ Date _____

MEDICATIONS, ALLERGIES, and MEDICAL HISTORY

1. What medication(s), if any, is the camp participant presently taking? Please give details. _____
2. Will camp participant bring this medication to the camp? YES NO
 If yes, will the camp participant need assistance when taking the medication? YES NO
 If so, what type of assistance? _____
3. Is the camp participant allergic to any drugs, bee stings, foods, etc? YES NO
 If yes, please specify: _____
4. Is there any physical restrictions placed upon this camp participant? YES NO
 If yes, please specify: _____

By signing, I agree that the above information is true and correct.

Parent/Guardian Signature _____

I understand that the provision of my/my child's insurance policy information is strictly optional. This information is being requested strictly for the purpose of providing this information to medical providers who may request/require this information incident to the provisions of medical services to me/my child.

Sign Up Online at www.ECUPirates.com

