

CAMP APPLICATION 2008

Name of Camper _____ Age _____

Address _____

City _____ State _____ Zip _____ Phone () _____

Email address _____ Cell Phone _____

REGISTER ONLINE AT WWW.COACHCALIPARI.COM • Questions? Please call the Basketball Office at (901)678-2346

Deposits to the camp bank can be made via credit card for use at the camp store

CHECK APPROPRIATE BOX TO ENROLL FOR CAMP(S)

- SPRING INTO HOOPS SESSION** • JUNE 2-5 • DAY CAMP MONDAY-THURSDAY • \$200
- MIKE MILLER SHOOTING CAMP** • JUNE 9-11 • DAY CAMP MONDAY-WEDNESDAY • \$200
- SERIOUS SKILLS SESSION** • JUNE 23-26 • DAY CAMP MONDAY-THURSDAY • \$200
- JUMP INTO JULY SESSION** • JULY 28-31 • DAY CAMP MONDAY-THURSDAY • \$200

MUST BE ENCLOSED WITH APPLICATION:

1. \$75.00 Non-refundable deposit (balance due June 1, 2008) • 2. Completed Health Form (below)
- Refunds (less non-refundable deposit) for medical emergency only! (no exceptions)
 - Make check payable to: **JOHN CALIPARI BASKETBALL SCHOOL** (returned check fee \$25)
 - Mail application and check to: **JOHN CALIPARI BASKETBALL SCHOOL**
230 ATHLETIC OFFICE BUILDING • MEMPHIS, TN 38152

Name of Physician _____ Phone () _____

Any known allergies _____

Date of last tetanus immunization _____

Medications camper will bring _____

Family medical insurance company _____ Policy Number _____

NOTE: It is important if an injury or illness occurs that the information concerning your health insurance (policy number and name of your insurance company) is readily available to the camp director or the medical facility that is used. Camp insurance is secondary to any personal health coverage.)

PHYSICIAN'S STATEMENT

I hereby certify that I have examined _____
and found them physically fit to participate in the John Calipari Basketball School and that I know of no physical impairments which would in any manner limit their participation in such a program.

Signed (physician) _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for children who become ill or injured while attending the John Calipari Basketball School. In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the camp director or athletic trainer to secure medical help for my child. This authorization does not cover major surgery unless the medical opinions of two licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signed (parent or guardian) _____ Date _____

CAMP ACTIVITIES AUTHORIZATION

I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the John Calipari Basketball School, and its staff, officers, agents, employees, representatives, successors and assignees of and from all rights and claims for damages, injuries or losses of personal property which may be sustained or occur during participation in camp activities or while at camp.

Camper's name _____

Signed (parent or guardian) _____ Date _____

JOHN CALIPARI BASKETBALL SCHOOL