



MIAMI BASKETBALL ELITE CAMP

LEARN WHAT IT TAKES TO BECOME A REDHAWK

JUNE 26 - 27, 2008

(FOR BOYS AGES 15 - 18)

At **MILLETT HALL** on the campus **MIAMI UNIVERSITY**
REGISTRATION—\$65 PER CAMPER

- Camp will take place over a 24-hour period.
- Starting June 26 at 7 p.m.; Ending June 27 at 5 p.m.
- Campers need to bring toiletries and bedding supplies for one night
- Advanced registration is recommended as space is limited.

Features & Registration Include:

- Professional Basketball Instruction/Speakers from Miami Basketball program.
- Camp payment includes T-Shirts, Dorm Room & 2 Meals.
- Additional Questions Please Contact Jimmy Lallathin @ 513.529.1650
"WE WIN WITH PEOPLE!"

PLEASE DETACH INFORMATION AND MAIL PAYMENT TO:
MIAMI UNIVERSITY MEN'S BASKETBALL ATTN: JIMMY LALLATHIN
MILLETT HALL
OXFORD, OHIO 45056

PLEASE MAKE CHECKS PAYABLE TO: MIAMI BASKETBALL ELITE CAMP



TIM POLLITZ, FORMER PLAYER
2007 MAC TOURNAMENT MVP

Camper Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Date of Birth ____/____/____
 Grade (as of Fall 2008): _____ Parents Name: _____ Parents Email: _____
 Phone (Home) _____ Phone (Work) _____ *Circle One Please*
 EMERGENCY CONTACT NAME: _____ T-Shirt Sizes M L XL XXL
 EMERGENCY CONTACT PHONE NUMBER: _____
 MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF: _____

I certify that the above named applicant is in good health and has my permission to participate in the program. I hereby release and forever discharge Miami Basketball Elite Camp, the host facility, its coaches, agents, and the owners of the facilities used from all liability for any personal injury or illness, damage, or loss incurred while participating in this camp. I grant permission for my child to be given medical treatment as deemed appropriate to Miami Basketball Elite Camp. There will be no refund of tuition, fees, charges, or any other payments made to Miami Basketball Elite Camp in the event the operation of Miami Basketball Elite Camp is suspended at anytime as a result of an act of god, strike, riot, disruption, or for any reason beyond the control of Miami Basketball Elite Camps.

Parent/Guardian Signature _____ Parent/Guardian Name _____

PARENT?GUARDIAN STATEMENT: I hereby authorize and request the camp director to secure the necessary medical care and treatment for my child should the need arise. My child is physically able to participate in all activities. If my child's appears ill, I will keep him/her home. I have read the camp brochure and understand and agree with all regulations. I have read, understood, and executed the Miami Basketball Elite Camp liability release form. I will be responsible for all costs of medical treatment incurred by the camp. I authorize Miami Basketball Camps to use photographs of my child's for the purpose of camp promotion and/or advertising.

Parent/Guardian Signature _____ Parent/Guardian Name _____