

# Villanova Basketball

## 2009 BOYS CAMPS



### DAY CAMP Session 1

Monday, June 22 –  
Friday, June 26  
Ages: Boys 7-18  
Tuition: \$325

### DAY CAMP Session 2

Monday, June 29 –  
Friday, July 3  
Ages: Boys 7-18  
Tuition: \$325

### OVERNIGHT CAMP

Monday, July 6 –  
Thursday, July 9  
Ages: Boys 10-18  
Tuition: \$425 (Boarder)  
\$375 (Non-Boarder)

### REGISTRATION BEGINS JANUARY 2009

ENROLLMENT IS LIMITED. PAST CAMPS HAVE SOLD OUT IN MARCH.

Online Registration is Available!

Website: [www.villanovabasketballcamps.com](http://www.villanovabasketballcamps.com)

E-mail: [basketballcamps@villanova.edu](mailto:basketballcamps@villanova.edu)

Phone: (610) 519-8738 / Fax: (610) 519-7915

P.O. Box 159 – Villanova, PA 19085

### DAY CAMP – SESSION 1

**Dates:** Monday, June 22 –  
Friday, June 26, 2009  
**Ages:** Boys 7-18  
**Location:** Villanova University,  
Pavilion  
**Hours:** 9 a.m.–3 p.m.  
**Tuition:** \$325  
**Meals Provided:** Lunch

### DAY CAMP – SESSION 2

**Dates:** Monday, June 29 –  
Friday, July 3, 2009  
**Ages:** Boys 7-18  
**Location:** Villanova University,  
Pavilion  
**Hours:** 9 a.m.–3 p.m.  
**Tuition:** \$325  
**Meals Provided:** Lunch



The Day Camp is a five-day camp intended to teach and develop the basketball skills of boys between the ages of 7-18. Throughout the day, campers, under the supervision of coaches and experienced staff members, will participate in organized team competition, drill stations, contests, and guest lectures. Family members are invited to attend an awards ceremony on the final day of camp.

### OVERNIGHT CAMP

**Dates:** Monday, July 6 –  
Thursday, July 9, 2009  
**Ages:** Boys 10-18  
**Location:** Villanova University,  
Pavilion  
**Hours:** 7:30 a.m.–10 p.m.  
**Boarder Tuition:** \$425  
**Non-Boarder Tuition:** \$375  
**Meals Provided:** Breakfast, Lunch, & Dinner

The Overnight Camp is designed for boys between the ages of 10-18 who are interested in developing and refining their fundamental basketball skills in a competitive environment. Over the course of 4 days and 3 nights, campers will be exposed to a high level of instruction and motivation that will benefit beginners and experienced players alike. Activities include league games, drill stations, and group lectures featuring prominent guest speakers. Each day begins at 7:30 a.m. with breakfast and an opening assembly. Campers will be dismissed back to their dorm rooms at 10 p.m.



## 2009 VILLANOVA BOYS BASKETBALL CAMP REGISTRATION

**Day Camp -  
Session 1**  
June 22-26, 2009  
\$325 (\$200 deposit)

**Day Camp -  
Session 2**  
June 29-July 3, 2009  
\$325 (\$200 deposit)

**Overnight Camp**  
July 6-9, 2009  
\_\_\_\_\_ Boarder: \$425 (\$225 deposit)  
\_\_\_\_\_ Non-Boarder: \$375 (\$225 deposit)

Tuition/Deposit \$ \_\_\_\_\_ + \$6.00 Active@ Network Offline Processing Fee = Total Amount Enclosed \$ \_\_\_\_\_

Please Make Checks Payable to: Villanova Basketball Camps

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary E-mail \_\_\_\_\_

Grade as of Fall 2009 \_\_\_\_\_ T-Shirt Size (S-XXL) \_\_\_\_\_

Roommate/Teammate Request \_\_\_\_\_

*\*Please limit to one roommate/teammate request. Roommate requests apply to Overnight Camp only. Each dorm room accommodates two campers.*

Mother's Name / Phone \_\_\_\_\_

Father's Name / Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Emergency Contact Relationship \_\_\_\_\_

## VILLANOVA BASKETBALL CAMPS 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 & Overnight Camp:** If an accepted application is withdrawn for any reason up until 8 days prior to the start of the camp session, a refund will be issued less a \$30 cancellation fee. If a refund request is received for any reason within 1 week of the camp session's 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 Villanova Basketball Camp, I do waive and release forever any and all rights for claims and damages I may have against Villanova University, its trustees, officers, agents, employees, and Coach Jay Wright, 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 Villanova University, its trustees, officers, employees, agents, and Coach Jay Wright, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Villanova Basketball Camp, or any adjunct to the Villanova Basketball Camp, occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in the Villanova Basketball Camp, due to the physical nature of the Villanova 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 Villanova Basketball Camp is neither administered nor sponsored by Villanova University and that Coach Jay Wright is providing the camp outside the scope of his employment with the University. I agree to release, hold harmless, and indemnify Villanova University, its trustees, its officers, its employees, its agents, and Coach Jay Wright from any and all claims and liability arising out of the Villanova Basketball Camp.

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Form Received: \_\_\_\_\_

# Villanova Boys Basketball Camps

## CAMPER HEALTH RECORD

Camper Last Name: \_\_\_\_\_

Please complete the following information. Once completed, you may fax the form to 610-519-7915 (Attn: Villanova Basketball Camps), mail the form to Villanova Basketball Camps, P.O. Box 159, Villanova, PA 19085, or bring the form with you to registration on the first day of camp. **The camper will not be allowed to participate in activities until the Villanova Basketball Camps staff receives the Camper Health Record.**

### CAMPER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Camp(s) Attending:      Day Camp – Session 1      Team Camp      Day Camp – Session 2      Overnight Camp

### EMERGENCY INFORMATION:

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

### INSURANCE INFORMATION:

Policy Holder's Name: \_\_\_\_\_

Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### MEDICAL HISTORY:

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Tetanus Immunization: \_\_\_\_\_ Date of Last Physical: \_\_\_\_\_ (must be after July 2008)

Please list any current medications, allergies, surgeries, physical restrictions, or chronic/recurring illnesses.

\_\_\_\_\_  
\_\_\_\_\_

### PARENT AUTHORIZATION AND CONSENT TO TREATMENT:

The above stated information is accurate to the best of my knowledge. The camper stated above has 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. **Furthermore as the parent/legal guardian for this child, I attest that the participant has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make his participation in this sports camp a risk.** I authorize the Villanova Basketball Camp training staff to release medical information for the above participant to the parents and physicians in case of emergency. In the event that the camper requires further medical attention, I hereby give my consent for the camper to be treated for injuries, illnesses, and/or other medical conditions at the local hospital.

Parent/Guardian's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_