

REGISTRATION FORM

NAME _____ PHONE (_____) _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 AGE _____ GRADE _____ HEIGHT _____ MEN'S T-SHIRT SIZE _____ S _____ M _____ L _____ XL _____
 SCHOOL _____ COACH _____

ROOMMATE CHOICE (Overnight Campers Only) _____

- DAY CAMP I (JUNE 24-27) \$220.00 (ages 8-17)
- DAY CAMP II (JULY 14-17) \$220.00 (ages 8-13)
- OVERNIGHT CAMP (AUGUST 3-7) \$350.00 (ages 8-17)

*\$50 Deposit must be received by June 1, 2008.
 \$50 Deposit must be received by June 14, 2008.
 \$50 Deposit must be received by July 3, 2008.*

NOTE: Non-refundable deposit of \$50.00 must accompany this application.

Make checks payable to JIM BARON BASKETBALL CAMP INC.
 Mail to: JIM BARON BASKETBALL CAMP, INC., The Ryan Center, One Lincoln Almond Plaza, Kingston, RI 02881
 For more information, please call: Randy Brooks (401) 874-2096 or Email: rbrol1394@postoffice.uri.edu.

FOR OFFICE USE ONLY	
Deposit Received _____	
Date _____	
Amt. Due _____	

OBJECTIVES

- To teach and develop basketball skills in every phase of the game.
- To give ample individual instruction to each camper.
- To provide competition which will enable each player to apply skills.
- To help develop each camper's attitude towards both basketball and life.

ELIGIBILITY

All boys between the ages of 8 and 17 are eligible for the OVERNIGHT CAMP and DAY CAMP I. No high school graduates. All boys between the ages of 8 and 13 who have not entered high school are eligible for DAY CAMP II.

LOCATION

The Camp is located on the scenic campus of The University of Rhode Island.

FACILITIES

The Mackal Arena and Keaney Gym, along with outdoor courts, provide the camper with the facilities that will enable him to get the most out of the week.

STAFF

We take great pride in forming the best camp staff in the country. Some of the best college and high school coaches from around the country, as well as top college players create a great basketball learning environment.

HOUSING

Campers and coaches are housed in the University's dormitories. Campers are assigned two to a room. Some floors will have triples. Must request in advance.

MEALS

Three "All You Can Eat" meals are provided in the University's Dining Hall. There is no better place to get re-energized after a hard session.

SUGGESTED CLOTHING

Sweatsocks, a pair of basketball sneakers, tee-shirts, gym shorts, underwear, athletic supporters, a sweat-suit or sweatshirt. Also, casual wear - there will be no dress up occasions. (Overnight Campers - towels and bedding will be provided.)

CAMP FEATURES

- Special motivational sessions
- Complimentary T-shirt
- Certified athletics trainer at all times
- 5 on 5 games and tournament
- Individual fundamental instruction
- Outstanding lectures
- 8-to-1 player-to-coach ratio
- Informative morning mini-lectures
- Night Court
- Drill for Skill
- Group competitions
- Offensive and Defensive concepts session

DISCIPLINE

Any serious violation of camp rules could result in dismissal from camp without refund of tuition.

AWARDS

- League champions
- Best attitude
- Mr. Stations
- Hot Shot Champion
- Lay-Up King
- Mr. Hustle
- Free throw champion
- One-on-One champion
- 3-on-3 champions

CANCELLATIONS

Your deposit, except a \$50.00 administrative fee, will be refunded if you should cancel.

A TYPICAL DAY AT THE CAMP

- 7:30 AM - Wake up
- 8:00 AM - Breakfast
- 9:00 AM - Morning instruction-lecture-station drills-league games
- 12:00 PM - Lunch
- 1:00 PM - Rest Period
- 2:00 PM - Afternoon instruction-lecture-league games - contests
- 5:30 PM - Dinner
- 7:00 PM - League games, individual instruction & contests
- 9:00 PM - Canteen opens
- 10:30 PM - Lights out



JIM BARON BASKETBALL CAMP, INC.



**Three-Time
 Atlantic 10
 Coach of the Year
 1995 2003 2007**



DAY CAMP I JUNE 24-27
DAY CAMP II JULY 14-17
OVERNIGHT CAMP AUGUST 3-7

Dear Campers and Family,



I would like to welcome you to our basketball camps for the Summer of 2008. Here at The University of Rhode Island, we pride our basketball program on working harder than any other team and concentrating on the fundamentals. These are the same values that we put into our camps and hope to teach young basketball players.

Our days at camp are full days of basketball learning. Every camper should go home with the feeling that he has been given enough individual attention and fundamental knowledge to become the best player he can be.

I hope you have the opportunity to join us this summer and become a part of The University of Rhode Island Family.

Sincerely,

Jim Baron
Head Basketball Coach

**DAY CAMP I
JUNE 24-27** (ages 8-17)

**DAY CAMP II
JULY 14-17** (ages 8-13)

TUITION

Total tuition for DAY CAMP is only \$220.00 per camper. Appropriate deposit must accompany each application and **must be received by June 1, 2008 for DAY CAMP I and June 14, 2008 for DAY CAMP II.**

REGISTRATION

Registration will take place at the Mackel Arena between 8:00-9:00 AM on Tuesday, June 24 for DAY CAMP I and Monday, July 14 for DAY CAMP II. Immediately following registration, meetings and instruction will begin.

MEALS

Each camper can bring his own bag lunch or for \$6.00 may purchase a sub or pizza and soft drink.

DEPARTURE

DAY CAMP concludes at 3:00 PM. Campers should be picked up at this time daily.

**OVERNIGHT CAMP
AUGUST 3-7** (ages 8-17)

TUITION

Total tuition for OVERNIGHT CAMP is only \$350.00 per week. Appropriate deposit must accompany each application and **must be received by July 3, 2008.**

REGISTRATION

Registration will take place between 1:00 and 3:00 PM on Sunday, August 3. A general meeting will take place at the Mackel Arena at 4:00 PM.

DEPARTURE

Camp will end at noon on Thursday, August 7. Camp awards ceremony is at 11:30 AM.



Every camper will receive a Jim Baron Basketball Camp T-Shirt compliments of NIKE.



IMPORTANT: This form must be returned with the application.

NOTE: All boys with braces must wear a mouthguard.

MEDICAL AUTHORIZATION: To permit treatment of injuries, the following authorization must be signed and dated by the camper's parents or legal guardian. **IN AN EMERGENCY, I HEREBY GIVE PERMISSION FOR MY CHILD TO BE EXAMINED BY THE CAMP'S CERTIFIED ATHLETICS TRAINER. I ALSO GIVE PERMISSION TO THE LICENSED PHYSICIAN, SELECTED BY THE CAMP OPERATOR, TO HOSPITALIZE, SECURE PROPER TREATMENT, ANESTHESIA OR SURGERY FOR MY CHILD IN AN EMERGENCY. I ALSO GIVE THE CAMP PERMISSION TO ADVISE THE HOSPITAL OF OUR HEALTH INSURANCE AT THE TIME OF ANY TREATMENT. OUR HEALTH INSURANCE IS COVERED BY**

AND THE CONTRACT OR GROUP NUMBER IS

INSURANCE: Campers must provide their own insurance. The camp has a certified athletics trainer on duty at all times.

WAIVER OF LIABILITY:

I hereby desire that my child, who is under nineteen years of age, participate in the Jim Baron Basketball Camp Inc. By condition of this release, I acknowledge and agree that all the requirements, directions, supervision and standards set by the directors of this program should be established for his benefit. **I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his participation in this program, hereby intending to release The University of Rhode Island, Jim Baron, and all personnel associated with this basketball school from liability that may result from his participation.** As a condition of participation in the Jim Baron Basketball Camp Inc., each boy must have had a physical checkup by a certified physician within the last calendar year.

Signature of Parent or Guardian: _____