

Register online with credit card at www.uwccamps.com

OR

Complete and mail in the form below with a check payment

All tuitions & applications due by May 15, 2011

Camper's Name _____

Address _____

City/State/ZIP _____

E-mail _____

Parent or Guardian Name _____

Phone: Home (_____) _____

Work (_____) _____ Cell (_____) _____

Grade entering (Fall '11) _____ Birthdate ____/____/____

T-shirt size YS ____ YM ____ AS ____ AM ____ AL ____ AXL ____ AXXL ____

Roommate preference _____

We can accommodate two campers per residence hall room.
Remind your roommate to submit his application.

Shooting Camp June 4-5 Grades 1-12

- _____ Resident \$150 (includes room & two meals)
- _____ Commuter \$130 (No room or breakfast provided)

Father & Son Camp June 10-11 Grades 3-8

- _____ Resident: \$125/son; \$125/father
 - _____ Commuters: \$100/son; \$100/father (No room or breakfast)
- Father's name _____

Advanced Instruction Camp June 13-14

Open to high school boys entering grades 9-12

- _____ Resident \$150 (Sunday and Monday overnights)
 - _____ Resident \$125 (Monday overnight only)
 - _____ Commuter \$100 (No room or breakfast)
- High School _____

Resident/Commuter Camp June 20-23 Grades 5-10

- _____ Resident \$350
 - _____ Commuter \$300 (No room or breakfast provided)
- \$150 deposit due by May 15, 2011; Balance due at registration.

Day Camp June 27-30 Grades 1-8

8-11:30 a.m. and 1-4:30 p.m.

Check the appropriate session category:

- _____ Attending only morning session \$150
- _____ Attending only afternoon session \$150
- _____ Attending BOTH sessions \$250 (Lunch will be provided)

Make check payable to:

UW Athletics Department

Please mail form and check to:

Athletics Business Office
Bo Ryan's Basketball Camp
1440 Monroe Street
Madison, WI 53711

FOR OFFICE USE ONLY

Date App. Rec _____

Amount Enclosed \$ _____

Confirmed _____

Computer _____

Date Bal. Rec. _____

Amount \$ _____

Liability and Health Information

Liability waiver

In consideration of my child's participation in the camp, I hereby release the University of Wisconsin System Board of Regents, its officers, employees and agents from any and all liability arising out of any injury or illness my child incurs while participating in camp activities. I understand the rigorous athletic activity in which he will be involved. I understand that participation is voluntary and I choose freely to have my child participate. I understand that some overnight accommodations for resident campers are private facilities, not University facilities.

Health insurance

Campers are encouraged to have their own health insurance as limited accident insurance is provided by the University. I understand that the Camp provides limited accident insurance, which is primary on the first \$1,000 and excess up to \$7,500.

Health

By applying for this camp I agree to complete and return to the Sports Medicine Department the confidential Consent for Medical Administration and Medical Treatment Form and Health History Questionnaire. I understand these forms need to be completed and on file **prior** to my child's participation in the Camp activities. (These forms can be completed online at UWCCamps.com. They can also be printed from the UWCCamps.com web page and mailed in with the paper application. If these forms are missing when the paper application is received, the forms will be mailed to parents / guardians.)

Parent's signature

Our camp has qualified sports medicine staff on duty 24 hours, in addition to the UW Hospitals and Clinics. Every effort is made to protect the health and safety of our campers. It is important that campers come physically prepared to take full advantage of their camp experience. This includes breaking in their basketball shoes to help avoid blisters and other foot ailments.

CAMP PAYMENT

Please note: Credit card payments must use online registration, and check payments must use mail-in registration. We encourage online registration at UWCCamps.com.

Enclosed is my check for \$ _____