

PLEASE PRINT

CAMPER'S NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_

AGE \_\_\_\_\_ GRADE (FALL 2008) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT / GUARDIAN NAME \_\_\_\_\_

PARENT / GUARDIAN PHONE \_\_\_\_\_

PARENT / GUARDIAN E-MAIL \_\_\_\_\_

PLEASE INDICATE WHAT SESSION(S) YOU WOULD LIKE TO ATTEND:

**DAY CAMP**  
GRADES 2-9 - COST \$220.00

\_\_\_\_ (1) JUNE 16-19, 2008

\_\_\_\_ (2) JUNE 30 - JULY 3, 2008

\_\_\_\_ (3) JULY 14-17, 2008

**LITTLE DRIBBLERS**

AGES 5-7 - COST \$55.00

\_\_\_\_ (1) JUNE 13, 2008

\_\_\_\_ (2) JUNE 20, 2008

\_\_\_\_ (3) JULY 18, 2008

\_\_\_\_ (4) ALL 3 SESSIONS ONLY \$125.00

**SHOOTING CAMP - LIMITED SPACE!**

GRADES 5-12 - COST \$200.00

\_\_\_\_ (1) JUNE 23-25

\$1 \$1 \$1 \$1 \$1

CAMPER'S NAME

\$1 \$1 \$1 \$1 \$1

CHECK # \_\_\_\_\_ TOTAL ENCLOSED \$ \_\_\_\_\_

OPTIONAL CAMP STORE

PUNCH CARD

\$10.00 EACH

\_\_\_\_\_

PARENT / GUARDIAN SIGNATURE

# I WOULD LIKE TO ENROLL IN SEAN MILLER BASKETBALL CAMP

INSURANCE AND MEDICAL CARE: Each camper must be covered by his parent's insurance before participating in any of the camp activities. WAIVER AND RELEASE: I do hereby waive, release and discharge SEAN MILLER BASKETBALL CAMP, Xavier University, and respective staffs and employees from any and all rights and claims for damages resulting from injuries to my person or property that may be sustained or suffered by me in connection with my association with, participation in, or arising out of traveling to or from Sean Miller's Basketball Camp. We, the parents or guardians, agree to the above's participation in this program including emergency and referral services, if necessary. I have read and hereby accept the conditions described in this brochure.

PARENT / GUARDIAN NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PHONE: DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE: EMERGENCY \_\_\_\_\_

COST IS PER CAMPER - PAYMENT MUST BE MADE IN FULL WITH APPLICATION. MAKE CHECKS PAYABLE TO SEAN MILLER BASKETBALL CAMP. PLEASE SEND CHECK, MEDICAL RELEASE AND APPLICATION TO:

**SEAN MILLER BASKETBALL CAMP  
XAVIER BASKETBALL  
3800 VICTORY PARKWAY  
CINCINNATI, OHIO 45207**

# CAMPER HEALTH FORM

TO BE COMPLETED AND SIGNED BY CAMPER'S PARENTS OR LEGAL GUARDIAN.

PLEASE CHECK ALL THAT APPLY.

\_\_\_\_ ASTHMA \_\_\_\_\_ HEAD INJURY

\_\_\_\_ BLEEDING DISORDERS \_\_\_\_\_ CONCUSSIONS

\_\_\_\_ CONVULSIONS \_\_\_\_\_ SEIZURES

\_\_\_\_ HEART DISEASE \_\_\_\_\_ DIABETES

ALLERGIES TO MEDICATIONS \_\_\_\_\_

ALLERGIES TO FOODS \_\_\_\_\_

LAST TETANUS IMMUNIZATION (DATE) \_\_\_\_\_

CHRONIC OR RECURRING ILLNESSES \_\_\_\_\_

OPERATIONS/INJURIES (INCLUDE DATE) \_\_\_\_\_

PHYSICAL RESTRICTIONS \_\_\_\_\_

PHONE: PHYSICIAN \_\_\_\_\_ DENTIST \_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

Xavier Basketball's Athletic Trainer MIKE MULCAHEY will be present at every session of SEAN MILLER BASKETBALL CAMP to provide medical assistance if needed. Mulcahey is beginning his fifth year as Head Men's Basketball Athletic Trainer at Xavier University. Mulcahey will be available at registration to discuss any special circumstances.