

CAMPER INFORMATION *PLEASE PRINT*

Last Name	First Name	

Age	Grade (Fall 2008)	

Address		

City	State	Zip

Please Indicate What Session(s) You Would Like to Attend:

DAY CAMP - \$185
 Grades K-8
 June 16-19

PARENT/CHILD CAMP - \$50
 Grades Pre K-8
 June 16-17

POSITION CAMP - \$105
 Grades 6-12
 June 30 - July 1

TEAM CAMP - \$250 per Team
 Varsity Level Teams
 June 18-19

OPTIONAL CAMP STORE PUNCH CARD - \$10 EACH
 QTY.

TOTAL ENCLOSED _____ CHECK # _____

*Cost is per camper
 Payment must be made in full with application.
 Make checks payable to:
 "Kevin McGuff Basketball Camp"*

2008 KEVIN MCGUFF BASKETBALL CAMP

Insurance and Medical Care: Each camper must be covered by her parents insurance before participating in any of the camp activities. **WAIVER AND RELEASE:** I do hereby wave, release and discharge KEVIN MCGUFF 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 rising out of traveling to or from Kevin McGuff's Basketball Camp. We the parents or guardians, agree to the above 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 (PLEASE PRINT)

 PARENT/GUARDIAN SIGNATURE

 DAY PHONE EVENING PHONE

 EMERGENCY CONTACT NAME AND PHONE NUMBER

Please send check, medical release and application to:

**KEVIN MCGUFF BASKETBALL CAMP
 XAVIER BASKETBALL
 3800 VICTORY PARKWAY
 CINCINNATI, OH 45207**

CAMPER HEALTH FORM

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

PLEASE CHECK ALL THAT APPLY:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Concussions |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes |

 ALLERGIES TO MEDICATIONS

 ALLERGIES TO FOODS

 LAST TETANUS IMMUNIZATION (DATE)

 CHRONIC OR RECURRING ILLNESSES

 OPERATOINS/INJURIES (INCLUDE DATE)

 PHYSICAL RESTRICTIONS

 PHONE: PHYSICIAN DENTIST

 MEDICAL INSURANCE/POLICY NUMBER

An athletic trainer will be present at every session of camp to provide medical assistance if needed. The trainer is available to parents at registration to discuss any special circumstances.