

CAMPER INFORMATION (PLEASE PRINT)

CAMPER'S NAME: FIRST LAST

AGE GRADE (FALL 2012)

ADDRESS

CITY STATE ZIP

PLEASE INDICATE WHAT SESSION(S) YOU WOULD LIKE TO ATTEND:
Or register online at: www.amywaughbasketballcamp.com

X-TREME POSITION CAMP - \$105

Grades 6 - 12
June 13 & 14, 2012

DAY CAMP I - \$185

Grades K - 8
June 18 - 21, 2012

DAY CAMP II - \$185

Grades K - 8
July 30 - August 2, 2012

\$10 Punch Card Optional Camp Store Punch Card
XAVIER \$10 EACH

CHECK # TOTAL ENCLOSED \$

Payment must be made in full with application.
Make checks payable to:
"Amy Waugh Basketball Camp"

2012 AMY WAUGH BASKETBALL CAMP

INSURANCE AND MEDICAL CARE: Each camper must be covered by her parents' insurance before participating in any camp activities.
WAIVER AND RELEASE: I do hereby waive, release and discharge AMY WAUGH 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 in connection with my association with, participation in, or arising out of traveling to or from Amy Waugh 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

PHONE: CELL EVENING

PARENT/GUARDIAN EMAIL

SIGNATURE

EMERGENCY CONTACT and PHONE NUMBER

COST IS PER CAMPER. PAYMENT MUST BE MADE IN FULL WITH APPLICATION. PLEASE SEND CHECK, MEDICAL RELEASE, AND APPLICATION TO:

**AMY WAUGH BASKETBALL CAMP
WOMEN'S BASKETBALL OFFICES
3800 VICTORY PARKWAY
CINCINNATI, OHIO 45207**

www.amywaughbasketballcamp.com

CAMPER HEALTH FORM

TO BE COMPLETED AND SIGNED BY CAMPER'S PARENT/GUARDIAN:

PLEASE CHECK ALL THAT APPLY:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> HEAD INJURY |
| <input type="checkbox"/> BLEEDING DISORDER | <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

OPERATIONS/SERIOUS INJURIES (DATE)

PHYSICAL RESTRICTIONS

PHYSICIAN NAME and PHONE NUMBER

MEDICAL INSURANCE

POLICY NUMBER

A certified athletic trainer will be present at every session of AMY WAUGH BASKETBALL CAMP to provide medical assistance if needed. The trainer will be available at registration to discuss any special circumstances.