

The 2008 Jim Calhoun Basketball Camp

Thank you for registering with the Jim Calhoun Basketball Camp!

Mail to: The Jim Calhoun Basketball Camp
 c/o Gold, Orluk & Partners
 P.O. Box 1177, Avon, CT 06001-1177

Please fill in completely. The form cannot be accepted without signatures.

Camper Name:	Address:	
City:	State:	Zip:
Country:	Roommate Requested:	
Parent/Guardian Email (Required):	Home Phone:	
Parent/Guardian Cell Phone:	Parent/Guardian Work Phone:	
Height:	Weight:	
Birthdate:	Type of Camper: (Check One) <input type="checkbox"/> Commuter or <input type="checkbox"/> Resident	

Session Requested: (Check One)

Session 1 (July 6th to July 10th) Session 2 (July 11th to July 15th)

CANCELLATIONS: No refund will be granted for any reason after June 15th 2008. Partial refunds will be granted for only medical reasons with a signed physicians excuse. A \$100 administrative fee will be deducted before any refund is made. All cancellations must be in writing, email or fax and will not be accepted over the phone.

I have read and understand the camp requirements:

 Parent/Guardian's Name(s)

 (Parent/Guardian's Signature - only one)

I hereby authorize any medical evaluation or treatment which may be advised or recommended by the attending physician of _____ while at the Jim Calhoun Basketball Camp. **WAIVER AND RELEASE AS REQUIRED BY THE JIM CALHOUN BASKETBALL CAMP FOR ALL CAMPERS:** In consideration of my application being accepted, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all claims for damages, which I may or which may hereafter occur to me, against The Jim Calhoun Basketball Camp and The University of Connecticut or their respective officers, agents, representatives, successors and/or assigns, for any or all damages which may be sustained or suffered by me in connection with my association with or participation in on the campus of The University of Connecticut. I, the parent or guardian, do hereby agree to the above waiver and release.

 Parent/Guardian's Name(s)

 (Parent/Guardian's Signature - only one)

Insurance Co: _____

Policy No: _____

Group No: _____

Special Medical Concerns: _____
