

BASKETBALL WORLD Day Camp Application 2009

Name: _____ Age at Camp: _____

Street: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____

Phone: Home() Office())

E-mail: _____

Height: _____ Weight: _____ Circle T-Shirt Size: S M L XL

School or Team: _____ Grade Next Year: _____

Have you attended our camp(s) before? _____ Year(s): _____

I learned about camp through: _____

Family Health Insurance Co: _____

Family Health Insurance No: _____

I certify that the applicant is in good health and may participate in physical activities associated with the camp's vigorous athletic programs, without limitation(s). The director of the camp has my permission to arrange for, and provide medical care in the event the applicant is injured or disabled. I understand that the camper must present to the camp director, before participation in camp, a **medical certificate** from a physician stating that the camper is physically fit to participate in camp activities.

Signed (parent or guardian): _____ Date: _____

Check week(s) with amount of deposit (non-refundable) or full payment: _____

SUFFIELD ACADEMY*185 North Main Street (Route 75), Suffield, CT 06078***July 27 - 31, Mon. - Fri., 9am - 4pm** *Girls Ages 8 - 18*

_____ \$100 deposit

_____ \$250 full payment

August 3 - 7, Mon. - Fri., 9am - 4pm *Boys Ages 8 - 18*

_____ \$100 deposit

_____ \$250 full payment

SHOOT IT BETTER Mini Camps

June 20 - 21, 2009, 1:00 - 4:00pm each day, Coed Ages 10 & Above

August 22 - 23, 2009, 1:00 - 4:00pm each day, Coed Ages 10 & Above

Call the Basketball World office for more information!_____ **Register by April 15 (postmarked) for FREE BASKETBALL!****FAMILY RATE: Each additional child only \$225!****TEAM RATES Available!****Total Enclosed: _____ Balance: _____**Check payable to: **BASKETBALL WORLD**

Mail to: 955 Russell Ave, Suffield, CT 06078

888-812-5452 860-668-7162 www.basketballworld.com