

BASKETBALL WORLD Day Camp Application 2010

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/guardian): _____ Date: _____

SUFFIELD ACADEMY

185 North Main Street (Route 75), Suffield, CT 06078

ONE GREAT WEEK!
Separate Leagues for Boys & Girls

Check amount of deposit or full payment (\$50 non-refundable):

August 2 - 6, Mon. - Fri., 9am - 4pm Boys & Girls Ages 8 - 18

_____ \$100 deposit (balance due July 26th - postmarked)

_____ \$250 full payment (before July 26th - postmarked)

_____ \$265 full payment (after July 26th)

* No refunds after July 26th without doctor's note. \$50 non-refundable.

Register by April 15th (postmarked) for FREE BASKETBALL!

FAMILY RATE: \$25 off each additional child! TEAM RATES Available!

SHOOT IT BETTER Mini Camps

June 19 - 20, 2010 August 21 - 22, 2010

Contact Basketball World for more information!

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