



Professional Sports Basketball Camp Application



Corporate Address: P.O. Box 15, Sparta, NJ 07871

Co-Ed Ages 10-17 select one or more weeks

June 27 - July 30, 2010 • Caldwell College

Caldwell College

Please check desired week or weeks

June 27 - July 2 <input type="radio"/>	July 4 - 9 <input type="radio"/>	July 11 - 16 <input type="radio"/>	July 18 - 23 <input type="radio"/>	July 25 - July 30 <input type="radio"/>	
Boys Week	Boys & Girls Weeks			Boys Week	
Extended Day Camp \$565 per week	June 27 - July 2 <input type="radio"/>	July 4 - 9 <input type="radio"/>	July 11 - 16 <input type="radio"/>	July 18 - 23 <input type="radio"/>	July 25 - July 30 <input type="radio"/>

Rates: Overnight - \$685.00 • Day Camp - \$385.00 • Extended Day Camp - \$565.00

Please Check One: Overnight Camper Day Camper Extended Day Camp

Overnight campers staying 2 or more weeks. Weekend stay over. Please check one: yes no

Weekend charges for overnight campers staying more than one week.....\$290 per Weekend.

Method of Payment: VISA MASTERCARD CHECK

Credit Card # _____ Exp. Date _____ Signature _____

Please Add \$35.00 for Cancellation Protection

Please Make Checks Payable To: Professional Sports Basketball Camp

750 Lindero Street, Suite 220, San Rafael, CA 94901

Open House Date: May 23, 2010. . . Location: George Newman (Gym). . . Time: 11:00am-1:00pm

Name of Player _____ Male Female Street Address _____ Apt.# _____

City _____ State _____ Zip _____ Home Phone _____

Work Phone _____ Email _____

Age _____ Date of Birth _____ Height _____ Weight _____ Position _____

Special Instructions (Roommate,etc.) _____

Shirt Size: S M L XL (adult sizes)

Permission is given to the school to use photographs and/or endorsements of campers and/or parents in its brochure. Permission is also given for my boy(s) / girls(s) to go on trips to town and outside games, etc. with an authorized staff member. In case of emergency, I authorize the physicians and staff of the Health Center at Caldwell College, as well as the physicians at the hospitals closest to Caldwell, to treat the injury or illness for my boy(s) / girl(s) most advantageous welfare. I also authorize the staff to act for me in any emergency that requires medical attention for my son(s) / daughter(s). Professional Sports Basketball Camp, Inc., its officers, directors and employees shall not be responsible for clothing or personal possessions lost or damaged by fire, theft, laundry, malicious mischief or personal negligence. I hereby waive and release Professional Sports Basketball Camp, Inc from any and all liability from any injury or illness incurred going to camp from home, while at camp or while traveling home from camp.

By submitting this application to Professional Sports Camps, LLC, I affirm that I have read and agree to the Professional Sports Camps, LLC cancellation policy and hereby accept the terms of enrollment described in this brochure / furthermore, I agree to pay all camp fees and authorize Professional Sports Camps, LLC to charge my credit card (if applicable).

Signature of Parent or Guardian _____ Signature of Camper _____

Complete reporting instructions, medical form and rules/regulations will be sent to you immediately upon receipt of your application.