



APPLICATION

2011 Pine Tree Basketball Camp, Inc.

Colby College, Waterville, Maine 04901

Telephone: 207-859-4903

A \$100 non-refundable deposit payable to The Pine Tree Basketball Camp must accompany this application.

CHECK THE SESSION YOU WISH TO ATTEND - \$510 PER WEEK

- Girls Week 1** - June 26-30
- Boys Week 1** - July 31 - August 4
- Girls Week 2** - July 10-14
- Boys Week 2** - August 7-11

Name _____ Phone _____

Date of Birth _____ Age _____ Ht. _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____

As of September 2011 I will be attending: School _____

Grade _____ Coach _____

Level expected to play at in 2011-2012 (varsity, JV, etc.) _____

Roommate preference _____ Single room preferred _____

PAYMENT INFORMATION

- Visa
- MasterCard
- Discover
- \$100 non-refundable deposit*
- Pay in full

Card# _____ 3-digit CVC Security Code _____

Signature _____ Exp Date _____

**If paying deposit by credit card, remaining balance will be charged one week prior to camp. PINETREEBSK will appear on your statement.*

RELEASE OF LIABILITY: In case of medical emergency, I understand every attempt will be made to contact the parents or guardians. If they cannot be reached, I hereby give my permission to the physician selected by the clinic to hospitalize and secure medical treatment for my child.

The person enrolling at Pine Tree Basketball Camp, Inc. and his/her parent(s) or legal guardian(s) assume all risk of loss of property or injury to the person, including injuries resulting in death caused by or incidental to dangers associated with basketball activities and agree that there are certain inherent dangers related to basketball participation and therefore, agree to hold Colby College, Pine Tree Camp, Inc., their owners, trustees, agents, officers, and employees harmless and specifically agree not to make any claim against Colby College and Pine Tree Basketball Camp, Inc. for any of these injuries which would normally be considered to be a normal risk associated with participation in basketball activity.

Signature (Parent or Guardian) _____ Date _____

Precautions the clinic directors should be aware of, such as allergies, diabetes, recent illnesses, etc.

MEDICAL COVERAGE: We have a staff of highly qualified trainers. If a participant is not feeling well or is injured, the trainer will give immediate medical assistance. If the injury requires further attention, we take the participant to MaineGeneral Medical Center at which time we contact the parent or legal guardian. THE PARENT OR LEGAL GUARDIAN IS RESPONSIBLE FOR ALL HOSPITAL, PRESCRIPTIONS, LABORATORY AND DOCTOR'S FEES. Please indicate below your insurance information.

Company Policy No. _____ Group No. _____

No physical exam necessary for the clinic.

Send applications to:

Richard Meader, 4 Westview Dr., Waterville, ME 04901, Tel. 207-872-7895

We Teach Fundamentals!

