

The 2018 Kevin Ollie Basketball Camp

Camp Information and Parental Consent Form

*Camper Name: _____ *Address: _____
STREET apt. #
*Parent/Guardian email: _____
CITY STATE ZIP
*Home Phone: _____ Parent/Guardian Cell Phone: _____
* Parent/Guardian Work Phone: _____ Emergency contact phone: _____
*Camper Height: _____ *Weight: _____ Grade entering in fall of '18 _____
*Camper Birthdate: _____ ROOMMATE REQUEST _____
COMMUTER or RESIDENT

INSURANCE CO: _____

POLICY NO: _____ GROUP NO: _____

SPECIAL MEDICAL CONCERNS: _____

CANCELLATIONS: *No refunds will be granted after June 1, 2018. A \$200 ADMINISTRATIVE FEE IS HELD REGARDLESS OF THE DATE OF CANCELLATION. Partial refunds will be granted for Medical reasons only with a signed physicians excuse. All cancellations must be made in writing, email or fax and will not be accepted over the phone.*

I HAVE READ AND UNDERSTAND THE CAMP CANCELLATION POLICY:

PARENT/GUARDIAN'S NAME (S)

PARENT/GUARDIAN'S SIGNATURE- ONLY ONE

I have read and hereby authorize any medical evaluation or treatment which may be advised or recommended by the attending physician of _____ while at the Kevin Ollie Basketball Camp. **WAIVER AND RELEASE AS REQUIRED BY THE KEVIN OLLIE 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 Kevin Ollie 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. I also grant the Kevin Ollie Basketball Camp the right to use any photographs of camp activities in future promotional materials for the camp. I pledge his compliance to any and all Camp rules and understand that he could be dismissed from Camp for any conduct not in the best interests of the camp and that no part of his tuition fee will be refunded.

I HAVE READ AND UNDERSTAND THE CAMP POLICY:

PARENT/GUARDIAN'S NAME (S)

PARENT/GUARDIAN'S SIGNATURE- ONLY ONE

2018 KEVIN OLLIE BASKETBALL CAMP

Code of Conduct

As a camper, I will follow the Camp Code of Conduct:

- I will maintain a positive attitude and be enthusiastic throughout my time at camp
- I will be a team player and show good sportsmanship whether I win or lose.
- I will be respectful and considerate of all other campers and staff.
 - I will not use offensive language
 - I will follow directions the first time they are given.
 - I will follow "lights out" rules
- I will treat others at camp the way I would like to be treated.
- Bullying behavior by any camper is strictly prohibited. Any camper who is involved in the harassment or intimidation of another camper will immediately be expelled from camp.
- **Any violations of this agreement can result in less playing time, a phone call to parents and/or an expulsion from camp with no refund.**

I have read the above and agree with the terms of this Code.

Signed by camper : _____ Date _____

Initialed by parent : _____