



BASKETBALL CAMP 2008

Day Camp Session 1 - June 9-12th

For boys in the 1st-12th grades

Camp Times: 8:30am-3:00pm

Registration: June 9th, from 8-8:30am

Cost: \$200 per camper

Day Camp Session 2 - July 14-17th

For boys in the 1st-8th grades

Camp Times: 8:30am-3:00pm

Registration: July 14th from 8-8:30am

Cost: \$200 per camper

Little Hilltopper Camp - June 23-26th

For boys ages 4-7

Camp Times: 8:30am-11:30am

Registration: June 23rd, from 8-8:30am

Cost: \$135 per camper

● There is a **\$25** discount on Day Camp Session 2 if you register for both Day Camps **now!!**

● WKU Faculty & Staff members receive a **\$25** discount off of each day camp and a **\$15** discount off of Little Hilltopper Camp

Please select camp(s): Day Camp 1 Day Camp 2 Little Hilltopper Camp

A \$75 deposit is required to register

Check here if registering for both day camps

Check here if WKU Faculty/Staff member

Camper Name: _____

Age: _____

Phone: _____ Emergency Phone: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name (please print): _____ Parent/Guardian Signature: _____

****No camper will be allowed to participate without a medical waiver form signed by a parent or guardian.***

The form is available online at www.wkusports.com

To have one faxed or mailed to you, please call our office at the number below

Make check payable and mail to:
Basketball Camp
WKU Men's Basketball
1605 Avenue of Champions
Bowling Green, KY 42101

For questions, please call the WKU Basketball office at (270) 745-2131 or contact us by email: christina.addington@wku.edu

CONSENT, WAIVER, INSURANCE AND MEDICAL INFORMATION

WKU Basketball Camp (Ken McDonald's Camp)

If any illness, injury, or other condition or occurrences arise which, in the sole judgment of the WKU Basketball Camp (Ken McDonald's Basketball Camp), needs attention from medical service personnel (whether physician, nurse, emergency medical technician, paramedic, hospital, or other medical care providers), then I hereby give consent to any member of the staff of the WKU Basketball Camp (Ken McDonald's Basketball Camp) to obtain such medical care for my child/ward as the staff member decides is needed. I understand that, if needed, medical care will be sought from the staff of a local hospital (physicians, nurses, technicians, therapists, etc.) and grant permission for this care to be provided. I further consent to and ratify the signing of any releases by such staff persons, which are required by any medical care provider. I hereby indemnify and hold harmless WKU Basketball Camp (Ken McDonald's Basketball Camp) and any and all staff members and employees of the WKU Basketball Camp (Ken McDonald's Basketball Camp) from any and all costs, expenses, damages, or other liabilities arising from any acts or omissions of staff members and medical care providers in connection with the matters set forth in this document.

I understand and agree that as a condition of participation in the WKU Basketball Camp (Ken McDonald's Basketball Camp), my child/ward must be fully capable of administering to himself, without assistance, any medication (such as insulin, allergy shots, oral medication) that my child/ward needs or is required to take as a result of any condition existing as of the day prior to the day the session starts. I further understand and agree that any braces or protective devices used by my child/ward must be supplied by the parent/guardian.

I understand that the cost of any medical care deemed necessary for the treatment of any injury, accident, or illness while my child/ward attends the camp is my responsibility and that the WKU Basketball Camp (Ken McDonald's Basketball Camp) is not obligated to pay for such medical care. The cost of any medical care must be paid for by the parent/guardian.

I understand and acknowledge that the WKU Basketball Camp (Ken McDonald's Basketball Camp) is a privately run sports camp, and is not operated by or through Western Kentucky University. The camp is neither sponsored, controlled, nor supervised by Western Kentucky University, but rather is under the sole sponsorship, control, and supervision of the Camp Director, Ken McDonald.

I understand and agree that participation by my child/ward in the WKU Basketball Camp (Ken McDonald's Basketball Camp) is at the sole risk of my child/ward. As the parent/guardian I assume that risk. I hereby indemnify and hold harmless the WKU Basketball Camp (Ken McDonald's Basketball Camp) from any and all costs, expenses, damages, and other liabilities arising from or by reason of my child's/ward's participation in the WKU Basketball Camp (Ken McDonald's Basketball Camp).

STUDENT'S REGISTRATION IS NOT COMPLETE IF THE BELOW INFORMATION IS NOT PROVIDED!

Camper's Name: _____ Signature _____ Date: _____
(If 18 years of age or older)

Parent's Name: _____ Signature _____ Date _____
(If camper is under 18 years of age)

Name of Medical Insurance Company: _____

Policy Number and effective Date: _____

Policy Holder and Relationship to Patient: _____