



MVP BASKETBALL CAMP APPLICATION 2016

NOT FOR THE USE OF SCHOLARSHIP APPLICANTS

ONE APPLICATION PER CAMPER *Mail or Fax Application to:*

MVP Basketball Camp, P.O. Box 655, Croton Falls, NY 10519 Fax (914) 380-6745

Name _____ Age as of Camp _____ Grade (Fall 2016) _____

E-mail Address _____

Address _____ City _____

State _____ Zip _____ Boy Girl I have previously attended MVP Camp

Home Phone _____ How did you hear about MVP? _____

Mother's Name _____ Work # _____ Cell _____

Father's Name _____ Work # _____ Cell _____

Please check weeks attending:

NORTH SALEM CAMP Boys 9-16 JUNE 27-JULY 1

SKILLS ACADEMY in Rye, NY for Boys and Girls 11-16 JULY 5-8

WHITE PLAINS CAMPS AT DELFINO PARK Boys 9-12

JULY 11-15 JULY 18-22 JULY 25-29 AUGUST 1-5

WHITE PLAINS CAMPS AT HIGHLANDS MIDDLE SCHOOL

Boys 13 -16, Co-Ed 6-8, and Older Girls (age range varies by week)

JULY 11-15 JULY 18-22 JULY 25-29 AUGUST 1-5

Fees and discounts if paid by June 15:

Base Price for 5-day camps **\$400 per week**, Base Price for 4-day Skills Academy **\$320**

Discounts (calculate using multiple children and/or multiple weeks)

5% off if paying for 2 or 3 weeks from your household

10% off if paying for 4 or more weeks from your household

Additional 5% off if paying by April 30

After June 15: **\$420 per week with no discounts**

Optional Extended Care 4-5:30 PM -Extra \$15/day

Won't You Contribute to our Scholarship Fund?

Donations to MVP allow hundreds of children from economically disadvantaged backgrounds to attend MVP on scholarship awards each year, plus children with a family member serving in the U.S. Armed Forces. Your donation is fully tax deductible since MVP is a 501(C)(3) organization.

Optional contribution to MVP's Scholarship Fund included with my tuition. MVP will mail you a separate receipt for tax purposes.

Please send me additional information about contributing to MVP's Scholarship Program.

Total tuition due with application unless applying for a scholarship

Please make checks payable to **MVP BASKETBALL CAMP**

Please charge my credit card Visa MasterCard

Card number _____ Expiration date _____ / _____

Enclosed is my payment of \$ _____ for _____ weeks

Includes contribution to MVP's Scholarship Fund \$ _____ Includes extended care.

Payment is for multiple children. Name(s) _____

Payment is refundable up to June 15, 2016 (less \$50 administration fee)

GENERAL HEALTH INFORMATION

Please identify any medical condition or prescription medicine taken that would require special attention from MVP's staff and certified athletic trainer:

Physician's Name: _____

Telephone: _____

Emergency Contact: _____

Telephone: _____

HEALTH INSURANCE INFORMATION

Carrier Name: _____

Policy Holder Name: _____

Policy #: _____ D.O.B.: _____

RELEASES

RELEASE OF LIABILITY In consideration of my minor child/ward being allowed to participate in this basketball camp program, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the basketball activities involved in this program is always present due to the nature of the sport; and
2. For myself, spouse, and child I knowingly and freely assume all such risks and medical costs associated with my child's participation;
3. I, for myself, and on behalf of my heirs, assigns, and next of kin, hereby release, indemnify, and hold harmless MVP Basketball Camps, Inc., its affiliates, officers, officials, agents and/or employees, other participants, sponsors, advertisers, and lessors of camp facilities, for injury, disability, death, or loss or damage to person or property resulting or arising from my child's activities while attending MVP Basketball Camp.

PHOTOGRAPHY RELEASE I agree that MVP Basketball Camps, Inc. has the right to photograph or video my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

HEALTH RELEASE I hereby certify that the camper named in this application is in good health and fully able to participate in all activities of the basketball camp. Furthermore I give permission for this camper to receive emergency medical treatment if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the coverage for any medical treatment.

I HAVE READ THIS **RELEASE OF LIABILITY, PHOTOGRAPHY RELEASE AND HEALTH RELEASE**, AND I FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITH-OUT ANY INDUCEMENT.

Parent/Guardian Signature _____

Date _____