



# MVP BASKETBALL CAMP APPLICATION 2017

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 2017) \_\_\_\_\_

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

- JUNE 26-30 for BOYS 6-16 and GIRLS 6-13, RYE and WHITE PLAINS
- JULY 5-7 SKILLS ACADEMY FOR BOYS AND GIRLS 11-16, RYE Only
- WHITE PLAINS ONLY WEEKS** For Co-ed 6-8, Boys 9-10, Boys 11-12, Boys 13-16
- And older girls who wish to compete against boys
- JULY 10-14  JULY 17-21  JULY 24-28  JULY 31-AUGUST 4

### FEES AND DISCOUNTS

- Base Price for 5-day camps **\$400**
- Base Price for 3-day Skills Academy **\$240**
- 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
- Optional Extended Care 4-5:30 PM - Extra \$15 per day
- Scholarships available based on need (tax return required)

### Make the Assist!

Donations allow hundreds of underserved children to attend MVP each summer, adding to diversity and enriching everyone's experience. Please consider sponsoring a child for \$300, but any contribution helps.

- 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, 2017 (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 \_\_\_\_\_