I WOULD LIKE TO ENROLL IN

BASKETBALL CAMP L

CAMPER'S NAME: LAST

PLEASE INDICATE WHAT SESSION(S) YOU WOULD LIKE TO ATTEND:

DAY CAMP

9:00 AM - 4:00 PM

GRADES 2-9 - COST \$280.00

1 JUNE 5 - JUNE 8, 2023

2 JUNE 19 - JUNE 22, 2023

3 JUNE 26 - JUNE 29, 2023

LITTLE DRIBBLERS

9:00 AM - NOON

AGES 4-7 - COST \$70.00

1 JUNE 23, 2023 2 JUNE 30, 2023

BOYS AND GIRLS!



CAMPER'S NAME

OPTIONAL CAMP STORE PUNCH CARD \$20.00 EACH



OPTIONAL PIZZA PASS SMALL PIZZA ALL 4 DAYS \$34,00 EACH

IF YOU ORDER A PIZZA PASS, SELECT TYPE:

CHEESE

PEPPERONI SAUSAGE

PAY BY CHECK:

TOTAL ENCLOSED \$ CHECK#



CIRCLE CAMPER'S T-SHIRT SIZE:

KIDS S XL XL ADULT S

COST IS PER CAMPER - PAYMENT MUST BE MADE IN FULL WITH APPLICATION. MAKE CHECKS PAYABLE TO SEAN MILLER BASKETBALL CAMP.

PLEASE SEND CHECK AND COMPLETED REGISTRATION FORM TO:

SEAN MILLER BASKETBALL CAMP **XAVIER BASKETBALL** 3800 VICTORY PARKWAY CINCINNATI, OH 45207

FOR ONLINE	REGISTRATION WITH	H A CREDIT CARD	PLEASE VISIT:
SEANM	ILLERBASK	ETBALLCA	MP.COM

FIRST

AGE		GRADE <mark>(FALL 2023)</mark>
ADDRESS		
CITY	STATE	ZIP

PARENT / GUARDIAN NAME	•
PARENT / GUARDIAN PHONE	
PARENT / GUARDIAN EMAIL	

EMERGENCY CONTACT PHONE

Xavier Basketball's Athletic Training Staff will be present at every session of SEAN MILLER BASKETBALL CAMP to provide medical assistance if needed. They will be available at registration to discuss any special circumstances.

INSURANCE AND MEDICAL CARE: Each camper must be covered by his parent's insurance before participating in any of the camp activities. WAIVER AND RELEASE: I do hereby waive, release and discharge SEAN MILLER BASKETBALL CAMP, Xavier University, and respective staffs and employees from any and all rights and claims for damages resulting from injuries to my person or property that may be sustained or suffered by me in connection with my association with, participation in, or arising out of traveling to or from Sean Miller's Basketball Camp. We, the parents or guardians, agree to the above's participation in this program including emergency and referral services, if necessary. I have read and hereby accept the conditions described in this brochure.

POLICY NUMBER

CAMPER HEALTH FORM

TO BE COMPLETED AND SIGNED BY CAMPERS PARENTS OR LEGAL GUARDIANS

PLEASE CHECK ALL THAT APPLY:		
ASTHMA	HEAD INJURY	
BLEEDING DISORDERS	CONCUSSIONS	
CONVULSIONS	SEIZURES	
HEART DISEASE	DIABETES	

HEART DISEASE	DIABETES
ALLERGIES TO MEDICATION	IS
ALLERGIES TO FOODS	
LAST TETANUS IMMUNIZATIO	ON (DATE)
CHRONIC OR RECURRING IL	LNESSES
OPERATIONS / INJURIES (INC	CLUDE DATE)
PHYSICAL RESTRICTIONS	
PHONE: PHYSICIAN	DENTIST
MEDICAL INSURANCE	