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Men's Basketball 2008 Overnight HS Team Camp

Three Sessions Available

Session I June 27th – 29th **Session II** July 25th- 27th

Session III August 1st – 3rd

Camp will take place from Friday evening to Sunday afternoon

DAY COMMUTER - \$160.00 per player

OVERNIGHT - \$230.00 per player

(Minimum of 8 players per team)

OVERNIGHT TEAM CAMP FEATURES:

- 7 electrifying games played on Campus. 9 Regulation size courts with glass backboards.
- Varsity and Sub- Varsity Divisions.
- Air Conditioned Dorm rooms and First Class Dining Hall.
- Free tickets to a 2008-2009 Rutgers Scarlet Knights home Basketball game.
- A Reversible Jersey for all team members.
- Game officials for all games.

DON'T WAIT TO REGISTER!!

For More Information Please Call: 732-445-7847

Or

E-mail: basketballcamp@scarletknights.com, jjoyner@scarletknights.com

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(Minimum of 8 players per team)

REGISTRATION FORM

Please **PRINT** all information **clearly**.

YES, we will be attending. Please have each player fill out the enclosed form.

NO, we are unable to attend. Please keep us in mind for next year.

SCHOOL NAME _____

ADDRESS _____

TELEPHONE _____ FAX _____

E-MAIL _____

ALL information will be sent to the Head Coach's address...please make sure this information is accurate and where we can reach you.

HEAD COACH _____

HOME ADDRESS _____

HOME TELEPHONE _____ CELL _____

*Please FAX or MAIL your registration form to:
Scarlet Knights Overnight Team Camp
c/o Rutgers Men's Basketball
83 Rockefeller Road
Piscataway, New Jersey 08854*

Please make sure ALL INFORMATION is PRINTED clearly. This form can also be faxed to 732-445-0386 or a copy can be received and sent via e-mail by requesting it through e-mail address: basketballcamp@scarletknights.com or by calling 732-445-7847.

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REGISTRATION FORM

Please **PRINT** all information **clearly**.

Day \$160* Please note: \$60 deposit required.

* *Day camp option includes Saturday lunch & dinner.*

Overnight \$230 Please note: \$130 deposit required.

PLAYER NAME _____

SCHOOL NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

HOME TELEPHONE _____ CELL _____

E-MAIL _____

HEAD COACH _____

Please make sure **ALL INFORMATION** is **PRINTED** clearly. This form can also be faxed to 732-445-0386 or a copy can be received and sent via e-mail by requesting it through e-mail address: jjoyner@scarletknights.com or by calling 732-445-7847.

MAKE CHECKS PAYABLE TO: Scarlet Knights Basketball Camp
REMINDER: Remaining balance is due PRIOR to start of camp.

Please **FAX** or **MAIL** your registration form to:
Scarlet Knights Overnight Team Camp
c/o Rutgers Men's Basketball
83 Rockefeller Road
Piscataway, New Jersey 08854

ALSO → Complete schedule, medical form, and weekend schedule (what to bring) will be sent prior to camp.

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REGISTRATION / INSURANCE FORM

PLEASE PRINT ALL INFORMATION CLEARLY AS REQUESTED.

SCHOOL _____ COACH _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL PHONE – MAIN NUMBER _____

COACH'S HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

COACH'S HOME PHONE _____ CELL _____

WORK PHONE _____ FAX _____

E-MAIL _____



TEAM WAIVER FOR PARTICIPANTS

Rutgers, The State University, is not responsible or liable for any of the activities in respect to the Scarlet Knights Basketball Camp; the camp directors are an independent contractor. I hereby authorize the staff of Rutgers Men's Basketball to act for me in any situation the staff believes requires medical attention. I release and hold harmless Rutgers University and the Rutgers Men's Basketball Staff, its directors, sponsors and facilities from any claims, demands and causes of action of whatever nature or character out of or connected with the above camper's participation in camp activities, including claims and liability for any and all injuries during the Scarlet Knights Basketball Clinic. I hereby grant Rutgers Men's Basketball full permission to use for publicity and advertising purposes, any photographs or video taken of me during the Scarlet Knights Basketball Clinic. I hereby consent to have my child participate in the 2008 Scarlet Knights Basketball Camp at the Louis Brown Athletic Center (RAC) and I will NOT hold the Scarlet Knights Basketball Camp or any of its representatives responsible for any loss or injury.

Head Coach's Signature

Date

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PARTICIPANT PERMISSION SLIP

I hereby give permission for my son to participate in the Rutgers University Scarlet Knights Basketball Team Camp 2008 from _____ through _____.

Rutgers, The State University, is not responsible or liable for any of the activities in respect to the Scarlet Knights Basketball Camp; the camp directors are an independent contractor. I hereby authorize the staff of Rutgers Men's Basketball to act for me in any situation the staff believes requires medical attention. I release and hold harmless Rutgers University and the Rutgers Men's Basketball Staff, its directors, sponsors and facilities from any claims, demands and causes of action of whatever nature or character out of or connected with the above camper's participation in camp activities, including claims and liability for any and all injuries during the Scarlet Knights Basketball Clinic. I hereby grant Rutgers Men's Basketball full permission to use for publicity and advertising purposes, any photographs or video taken of me during the Scarlet Knights Basketball Clinic. I hereby consent to have my child participate in the 2007 Scarlet Knights Basketball Camp at the Louis Brown Athletic Center (RAC) and I will NOT hold the Scarlet Knights Basketball Camp or any of its representatives responsible for any loss or injury.

PLEASE PRINT ALL INFORMATION CLEARLY

PARENT / GUARDIAN _____

PARTICIPANT'S / PLAYERS FULL NAME _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

CONTACT PERSON _____

TELEPHONE _____ CELL _____

Relationship to player / participant _____

Name of Insurance Provider _____

Policy I.D. and Group Number _____

All information provided is accurate and truthful.

PARENT / GUARDIAN SIGNATURE

DATE