

# WEST VIRGINIA BASKETBALL

## Boys' Day Camp

July 29- Aug 1, 2019

Ages 7-12

### Tuition

*Camp is open to any and all entrants*

Day Camper ..... \$ 175.00

*\*Must be in 6<sup>th</sup> grade or below*

Mon – Thurs. 9 a.m – 12 p.m

- This Camp will really put emphasis on skills and development.
- Focus learning the game, & understanding fundamentals.

**Register Online at [wvucamps.com](http://wvucamps.com)**

**For More Camp Information Call:  
(304) 293-2193**

### CAMP APPLICATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Email: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

School: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### CREDIT CARD AUTHORIZATION

(sorry, no debit cards accepted)



Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CW Code: \_\_\_\_\_

Amount to be Charged: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_



Make check or money order payable to: **West Virginia University**  
Return form to: **Mountaineer Basketball Camp**  
**PO Box 1877**  
**Morgantown, WV 26507**

I give the camp permission to use any camp-related photos of my son for camp publicity. I hereby authorize the directors of the Mountaineer Basketball Camp to act for me according to their best judgement in an emergency requiring medical attention. I hereby waive and release Mountaineer Basketball Camp. I know of no mental or physical problems which may affect my child's ability to safely participate in this camp. I will be responsible for any medical and other changes in connection with his attendance at the Mountaineer Basketball Camp. I have read the rules and regulations of the camp and both the camper and I agree to abide them.

In consideration for permitting (me/my child) to participate in the Boys' Basketball Camp/Clinic, and with the intention of binding (myself/me and my child) and (my/our respective) heirs, assigns and legal representatives, I hereby RELEASE AND WAIVE any and all rights and claims for damages which (I/I or my Child) may have against the Boys' Basketball Camp/Clinic, the West Virginia University Department of Intercollegiate Athletics, West Virginia University and its Board of Governors, and their respective affiliates, directors, officers, employees, agents and representatives, for any and all property damage and personal injury of whatever kind suffered by (me/me or my child) in connection with (my/my child's) participation in the Boys Basketball Camp/Clinic, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties.

\_\_\_\_\_  
Child Name & Signature

\_\_\_\_\_  
Parent(s)/Guardian Name(s) & Signature(s)  
(if child is under 18 years of age)