

2010 KOUBEK BASKETBALL CAMP REGISTRATION FORM

Name _____ Male/Female _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Grade Entering 9/09 _____ School Entering 9/10 _____

E-Mail Address _____

Please check appropriate box (es):

- Half Day Camp at Clifton Common:** July 19-23. 8:00 am – Noon (\$160 Tuition) For Boys & Girls ages 6-13.
- Full Day Camp at Shenendehowa:** July 26-30. 8:00 am – 3:00 pm (\$240 Tuition) For Boys & Girls ages 7-13.
- Evening Camp at Shenendehowa:** August 2-6. 6:00pm – 9:00 pm. (\$150 Tuition) For Boys & Girls Ages 14-18.
- Overnight Camp at Brant Lake:** August 17-21. (\$475 Tuition) For Boys & Girls Ages 9-18.

Payment is due in full with the registration form.

Roommate Request (For Overnight Only): _____

(All roommate requests, maximum of 8, will be honored.)

Camp Release Form:

Being the natural parent/legal guardian of the above-mentioned camper(s), I do consent to his/her participation in the Greg Koubek Basketball Camps. I know of no medical reason prohibiting my child from participating in the 2010 Greg Koubek Basketball Camps. I am aware that any exercise program, even moderate supervised exercise, bears some risk to the participant's health.

I further agree that if he/she does suffer any injury, then the Greg Koubek Basketball Camp, Inc, The Brant Lake Camp, and Town of Clifton Park and The Recreation Department, through its employees, independent contractors, or agents, have my permission to sign any consent forms required to perform any necessary emergency medical treatment.

I have made my child aware that physical activity will be occurring at the Greg Koubek Basketball Camp and that under no circumstances should they be exercising or playing if they feel light headed, or sick in any way, or have developed a cramp or injury. They will notify the staff of any allergies, sickness, or injury preventing them from continuing and subsequently rest.

I understand that the camp hours outlined in brochure and/or webpage. I bear the responsibility of transporting my child to and from camp and I also understand that camp is not responsible for my child outside of camp hours. Furthermore, the camp accepts absolutely no responsibility for making sure an appropriate party picks up my child.

I hereby release Greg Koubek Basketball Camps Inc, The Brant Lake Camp, the Town of Clifton Park and its recreation department or employees, agents or independent contractors of any liability and /or negligence claims resulting from my child's participation in the Greg Koubek Basketball Camps.

Parent/Legal Guardian Signature _____ Date _____

Home Phone # _____ Emergency phone # _____

Make checks payable, and return to:	
For Day Camps at Clifton Common:	For Overnight Camp & Evening Camp:
Town of Clifton Park, Parks and Recreation Dept. 1 Town Hall Plaza, Clifton Park, NY 12065 (518) 371-6667 parksrec@cliftonpark.org	Greg Koubek Basketball Camps, Inc. 7 Broadleaf Ct., Clifton Park, NY 12065 (518) 371-9606 Koubek@mac.com

Confirmation will be e-mailed or mailed to you upon receipt of registration. Please include on a separate sheet any medical immunizations, allergies, and medication. In order to receive a refund, all refunds requests must be in writing and received 14 days prior to the start of the program. There will be a \$50 non-refundable charge on all day camp registrations and \$100 non-refundable charge for the overnight camp.