

2014 KOUBEK BASKETBALL CAMP REGISTRATION FORM

Overnight Camp at Brant Lake: August 17-21. (\$529 Tuition) For Boys & Girls Ages 9-18.

Payment is due in full with the registration form.

Name _____ Male/Female _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Grade Entering 9/14 _____ School Entering 9/14 _____

E-Mail Address _____

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 2014 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 Basketball Camp, Inc, and The Brant Lake Camp, 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, 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 # _____

Confirmation will be e-mailed or mailed to you upon receipt of registration. In order to receive a refund, all refunds requests must be in writing and received 10 days prior to the start of the program. There will be a \$100 non-refundable charge for the overnight camp.

In order to reserve a spot, please send payment in full and our health insurance form to:

Greg Koubek Basketball Camps, Inc.
7 Broadleaf Ct., Clifton Park, NY 12065