



MVP BASKETBALL CAMP APPLICATION 2012

ONE APPLICATION PER CAMPER *Mail or Fax Application to:*

MVP Basketball Camp, P.O. Box 655, Croton Falls, NY 10519 Fax (914) 380-6745

Name _____ Age as of Camp _____ Grade (Fall 2012) _____

E-mail Address _____

Address _____ City _____

State _____ Zip _____ Boy Girl I have previously attended MVP Camp

Home Phone _____ How did you hear about MVP? _____

Mother's Name _____ Work # _____ Cell # _____

Father's Name _____ Work # _____ Cell # _____

An MVP Coach told me about this program Name _____

Please check weeks attending:

FOUR WEEKS IN WHITE PLAINS For Boys and Girls Ages 6-16 Of All Abilities

JULY 9-13 **JULY 16-20** **JULY 23-27** **JULY 30 - AUGUST 3**

(Girls Varsity Programs for advanced players during 2nd and 3rd weeks-call for details)

ONE WEEK IN BEDFORD Boys 9-16, Girls 9-13 Of All Abilities

JUNE 25-29

FEE SCHEDULE IF PAID BY JUNE 15.

Tuition based on total number of weeks children from the same household attend camp

(Can be used as a multiple week and/or multiple child discount)

1 WEEK - \$395, 2 WEEKS - \$760, 3 WEEKS - \$1095, 4 OR MORE - \$350 PER WEEK

AFTER JUNE 15 - \$400 PER WEEK *(includes add-on weeks during camp if available)*

Optional Extended Care 4-5:30 pm: Extra \$15 per day. Tuition assistance available based on need

WON'T YOU CONTRIBUTE TO OUR SCHOLARSHIP FUND?

Donations to MVP allow hundreds of children from economically disadvantaged backgrounds to attend MVP on scholarship awards each year, plus children with a family member serving in the U.S. Armed Forces. Your donation is fully tax deductible since MVP is a 501(C)(3) organization.

Optional contribution to MVP's Scholarship Fund included with my tuition. MVP will mail you a separate receipt for tax purposes

Please send me additional information about contributing to MVP's Scholarship Program.

Total tuition due with application unless applying for a scholarship

Please make checks payable to **MVP BASKETBALL CAMP**

Please charge my credit card Visa MasterCard American Express

Card number _____ Expiration date ____/____/____

Enclosed is my payment of \$ _____ for _____ weeks

Includes contribution to MVP's Scholarship Fund \$ _____ Includes extended care

Payment is for multiple children Name(s) _____

Payment is refundable up to June 15, 2012 *(less \$50 per week administration fee)*

Release of Liability and Assumption of Risk

In consideration of my minor child/ward being allowed to participate in this basketball camp program, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the basketball activities involved in this program is always present due to the nature of the sport; and

2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation; and

3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS MVP Basketball Camps, Inc., its affiliates, officers, officials, agents and / or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his / her activities, whether arising from the negligence of the releases or others, except for willful misconduct, or otherwise to the fullest extent of the law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature: _____

Date _____

Additional Medical Information

ON THE FIRST DAY OF CAMP IF NOT BEFORE MVP WILL ASK THAT ALL PARENTS / GUARDIANS PROVIDE US WITH A SIGNED MVP BASKETBALL CAMP HEALTH AND RELEASE FORM. This form will be mailed to you upon receipt of your enrollment application and is also available on MVP's website, and includes MVP's Code of Conduct Policy and a standard photography release in addition to health information.

A Certified Athletic Trainer is on staff each day from 8:30 AM to 4 PM. The trainer can administer medication if necessary, but only with the special consent of the parent or guardian. You can make these arrangements on the first day of camp.

Camp Facilities: White Plains Middle School, Highlands Campus, 128 Grandview Avenue, White Plains, NY
Fox Lane Middle School and High School Complex, S. Bedford Road (Route 172), Bedford, NY