



# 2008 Falcon Basketball Camp

## For Girls (Entering Grades 4-10)

**Instructions: Complete and return this form and include \$225 tuition per athlete (or \$50 nonrefundable deposit, with balance due on first day of camp). Mail to: Falcon Girls Basketball Camp, Seattle Pacific University, 3307 Third Ave. W., STE 301, Seattle, WA 98119. You may also fax to (206)281-2266. Make checks payable to SPU, or you may call (206)281-2085 to pay with Visa or Mastercard (incurs \$2 processing fee). Both registration form and payment/deposit must be received before space is reserved and a confirmation is sent.**

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Camper's Name

Phone

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Street Address

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City

State

Zip

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School Attending

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Grade Entering in Fall '08

Age

Position

**Amount Enclosed: \$ \_\_\_\_\_**

**Camp and session(s) to attend (check):**

June 23 – 26     July 21 – 24

**T-Shirt size (adult sizing; circle one)**

**S    M    L    XL    XXL**

### Permission Statement:

I certify that my child has had a doctor's physical exam in the last six months and that the results of the exam indicated that she is physically able to participate in the strenuous activity associated with a basketball camp. I agree that the participant and I assume the risk for all injuries that may result from participation in the camp. I further understand that both minor and catastrophic sports injuries may occur through no fault of the coaching staff and that my child is covered by health insurance to cover these injuries.

I will accept the financial and legal responsibility for any injuries that may result from camp activities. I hereby authorize Seattle Pacific University as my agent to give consent to surgical and medical treatment for the participant when treatment is deemed necessary by the attending physician.

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Signature of Parent of Guardian

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Email Address

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Emergency Contact

Phone

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Camper's Physician

Phone

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Medical Insurance Carrier

Policy Number

