

It is the goal of the Southern Vermont College Athletic staff to make your camp experience a positive and enjoyable one as well as help you become the best basketball player you can be. The spacious facilities and experienced counselors Southern Vermont College offers provide the perfect atmosphere.

### General Information

- Camp t-shirt for each participant.
- On-site trainer.
- Team instruction by SVC coaches and players.
- All participants should bring sneakers, as well as water/Gatorade and a healthy snack.

**COST IS \$220 FOR EACH BASKETBALL CAMP - INCLUDES LUNCH FOR ALL FIVE DAYS.**

For more information on the Southern Vermont College Basketball program, call the Athletic Department at 802-447-4660 or e-mail [bkozik@svc.edu](mailto:bkozik@svc.edu).



Mountaineers Basketball Camps  
Southern Vermont College  
982 Manston Drive  
Bennington, VT 05201-6002



## Basketball Camps



### Mountaineers Men's Basketball Camp

**July 21-25, 2008**

**Ages 10-18**

9 a.m. - 4 p.m.

### Mountaineers Women's Basketball Camp

**July 28 - August 1, 2008**

**Ages 10-18**

9 a.m. - 4 p.m.

*Cost is \$220  
(includes lunch for five days)*

# 2008 Basketball Camp Registration Form

## Camp Options *(Check One)*

- Men's Camp - Ages 10-18
- Women's Camp - Ages 10-18



## Payment

- I have enclosed a check for the full amount of \$220.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Age \_\_\_\_\_

Grade in September '08 \_\_\_\_\_ School \_\_\_\_\_

Shirt Size *(Circle One)*: Adult: S M L XL Youth: M L

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Signatures on this registration form signify that each parent or guardian has read and understands all information:

I understand that while participating in Southern Vermont College (SVC) Sports Camps, my son/daughter will be engaging in physical activity which contains an inherent risk of physical injury. I agree to hold harmless and indemnify SVC from any claim, and from any liability, loss, damages or expenses (including attorney's fees) resulting from a claim, brought by myself for loss or damage caused by conduct or negligence on the part of my son's/daughter's participation. I also understand that in signing this document, I surrender all rights to make a claim or file a lawsuit against SVC for personal injury, property damage, wrongful death, products liability, breach of contract, or under any other legal theory, except in the cases of intentional wrongs or the gross negligence of SVC. I grant permission to the camp director and camp medical staff to seek medical treatment for my child in the event of illness or injury. I further grant permission to the attending staff at a recognized medical facility to provide appropriate medical care for my child in the event that I cannot be immediately contacted. I agree to pay through my insurance company or otherwise for any medical treatment that may be necessary. I certify that my son/daughter is in good health and is able to participate in all activities.

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

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

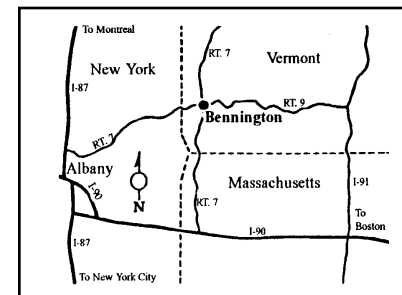
Please make a copy of this registration form (including reverse side) for each individual camper and mail application form and payment (payable to **Southern Vermont College**) to:

**Athletic Department**  
**Southern Vermont College**  
**982 Mansion Drive**  
**Bennington, VT 05201-6002**

*This registration form is available to download at [www.svc.edu/athletics/camps.html](http://www.svc.edu/athletics/camps.html).*

**Cost: \$220** (includes lunch for five days)

## Directions



## Publicity Release *(optional)*

I give permission for my child's photo and comments to be used in newspaper and magazine articles to be published for purposes of general information, public relations, and/or advertising for the College.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Camp Medical Services

If your child has a recent injury or illness, or requires any daily medications or restrictions on physical activity, please complete the following:

Allergies: \_\_\_\_\_

Reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

Illnesses, injuries, or recent surgeries: \_\_\_\_\_

Please list all daily medications: \_\_\_\_\_

Medications required during camp: \_\_\_\_\_

Please make sure medications are with your child and labeled.

I give permission for my child to use the above medications as prescribed by his/her physician.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Any questions regarding  
Mountaineers Basketball Camps  
should be directed to Athletic Department.  
802-447-4660 or [bkozik@svc.edu](mailto:bkozik@svc.edu)  
[www.svc.edu](http://www.svc.edu)