



# 2003 Application

TEL: (781) 344-6048

Make checks payable and mail to:  
Dana Barros Basketball Camp, LLC  
P.O. Box 68 Stoughton, MA 02072  
Or Register on-line at [danabarros.com](http://danabarros.com)

## Sessions:

## Pricing

- |                          |                          |  |       |
|--------------------------|--------------------------|--|-------|
| <input type="checkbox"/> | Session One: Day Camp:   | August 4 – August 8, 2003 – U-Mass, Boston, MA<br>(Ages 8 – 18)            | \$325 |
| <input type="checkbox"/> | Session Two: Day Camp    | August 11 – August 15, 2003 – U-Mass, Boston, MA<br>(Ages 8 – 18)          | \$325 |
| <input type="checkbox"/> | Session Three: Day Camp: | August 18 - August 22, 2003 – Milton Academy, Milton, MA<br>(Ages 8 – 18)  | \$325 |
| <input type="checkbox"/> | Session Four: Overnight: | August 18 - August 22, 2003 – Milton Academy, Milton, MA<br>(Ages 11 – 18) | \$550 |

(Non-refundable \$200 deposit due *with* application for Day Campers)  
(Non-refundable \$300 deposit due *with* application for Overnight Campers)  
Balance due July 1, 2003

*\$25 discount* applies to siblings *after* the 1<sup>st</sup> camper. *\$25 discount* for multiple sessions (applies *after* 1<sup>st</sup> session)

Each *Day Session* will feature the following specialties. Please indicate if you wish to play in one of these specialty groups. These are available to **ages 11 – 14 only**

- Girls only
- Fundamentals – concentrate on the basics and fundamentals of the game.

Attendees Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Jersey Size: \_\_\_\_\_ (Youth or Adult)

How did you hear about our camp?  Repeat  Referral (who?) \_\_\_\_\_

Internet (which site) \_\_\_\_\_  Newspaper (which paper) \_\_\_\_\_

### Camper Information

Years Played: \_\_\_\_\_ Highest Level Played: \_\_\_\_\_

Shoots:  Left  Right

Skill(s) you want to improve:  Shooting  Passing  Rebounding  Defense  Ball Handling

**DANA BARROS BASKETBALL CAMP, LLC**

***MEDICAL RELEASE FORM***

Pre-registration **WILL NOT** be completed until this form and an up-to-date immunization record is returned. Since campers attending our camp are under the age of 18, it is necessary that doctors have permission to administer treatment in the event of an accident or sudden illness. A separate application and medical release form must be completed for each camper. This camp must comply with regulations of the Massachusetts Department of Public Health (105.CMR 430.000), and is licensed by the Board of Health.

Camper's Name: \_\_\_\_\_

List of conditions physicians should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Are you taking medication? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize any medical treatment that may be advised or recommended by attending Health Care Supervisors for:

Campers Name: \_\_\_\_\_

Insurance coverage for accidental injury is required by all participants. In most instances, your family health plan is adequate.

Health Care Provider: \_\_\_\_\_

Health Care Provider Phone Number: \_\_\_\_\_

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

Does your Health Care Provider require a referral prior to being treated by a hospital/facility: \_\_\_\_\_

I waive and release Dana Barros and the Dana Barros Basketball Camp from all liability from injury and illness going to camp from home, while participating at camp or while returning home from camp. I, as parent/guardian, have actual knowledge and appreciation of the particulars of the program and hereby voluntarily consent to said minor's participation, and assume the risk arising therefrom. I hereby give my permission for emergency medical treatment in the event I cannot be reached.

The State of Massachusetts requires a physical examination within the 12-month period of the date the camper is scheduled to attend camp.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

\* This camp must comply with the regulations of the Massachusetts Department of Public Health (105 CMR 430.000) and is licensed by the Boston and Milton Boards of Health.