2010 J Robinson Intensive Basketball Camps

10-Day Intensive Camp: June 20-29 : $899

Important: Fill in ALL Information Completely

Camper Name_____ **Parent/Guardian Name** (PLEASE PRINT)_____

Address_____ **City**_____ **State**_____ **Zip**_____

Telephone Number Home (_____)_____ Work (_____)_____ **E-Mail**_____

High School_____ **Coach**_____

Address_____ **City**_____ **State**_____ **Zip**_____

Roommate Request_____ **Birth Date** (MM/DD/YY)_____/_____/_____

Height_____ **Weight**_____ **Gender** M F **HS Grad. Year**_____

Position (PLEASE CIRCLE) Forward Guard Center

T-Shirt Size (PLEASE CIRCLE)**:** YM YL S M L XL XXL (Adult Sizes - 100% Cotton)

Past Camper? NO YES: Year_____ Camp attended_____

Contract of Camp Application: I recognize that there are dangers inherent in the sport of basketball and its training elements, and agree to assume all risks related to my child's participation. I release, waive, discharge and covenant not to sue the University of Minnesota, its athletic department and staff, J. Robinson Intensive Camps and its staff, owners, employees, and agents from any and all claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to my child, whether caused by the negligence of the employees, or otherwise, while participating in this camp, or while in, on or upon the premises where the camp is being conducted. I hereby grant J Robinson Camps the right to use photographs, video images and/or other media of my child for advertising, publicity and/or other commercial purposes. *By signing below I acknowledge that I have read, understand and accept the above contractual agreements. I have read and willingly agree to the terms listed at http://www.jrobinsoncamps.com/terms.php.

There is a required $60 dorm room key deposit (returned upon check-out pending key return & room evaluation)

Parent/Guardian Signature_____ **Date** _____/_____/_____

Applicant's Signature_____ **Date** _____/_____/_____

A NON-REFUNDABLE $300 deposit is due with your application

Payment Method:

☐ Check to Purchase Deposit Insurance-$40
(see website for details. Must be purchased at the time of registration, non-refundable)

Check – Amount_____ Check #_____

Credit Card – Amount: _____ (PLEASE CIRCLE) VISA / MasterCard / Discover

Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Exp. Date ☐☐☐☐

_____ _____

Cardholder Name (PLEASE PRINT) Cardholder Signature

Mail Form to:

J Robinson Basketball Camps - 2520 East Hennepin Ave - Minneapolis, MN 55413
Online: JRobinsonBasketballCamps.com - Phone: 888.333.6585 - Fax: 612.349.6584