

# The 2015 Kevin Ollie Basketball Camp

## Camp Information and Parental Consent Form

**Mail to:** Kevin Ollie Basketball Camp  
c/o Gold, Orluk & Partners  
PO Box 1177, Avon, CT 06001

Please fill in completely. The **form cannot be accepted** without the signatures.

\*Camper Name: \_\_\_\_\_ \*Address: \_\_\_\_\_  
STREET apt. #

\*Parent/Guardian email: \_\_\_\_\_  
CITY STATE ZIP

\*Home Phone: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

\* Parent/Guardian Work Phone: \_\_\_\_\_ Emergency contact phone: \_\_\_\_\_

\*Camper Height: \_\_\_\_\_ \*Weight: \_\_\_\_\_ Grade entering in fall of '15 \_\_\_\_\_

\*Camper Birthdate: \_\_\_\_\_ ROOMMATE REQUEST \_\_\_\_\_

\*COMMUTER  or RESIDENT

\*SESSION 1 (June 25<sup>th</sup> to June 28<sup>th</sup>)  or SESSION 2 (June 30<sup>th</sup> to July 3<sup>rd</sup>)

INSURANCE CO: \_\_\_\_\_

POLICY NO: \_\_\_\_\_ GROUP NO: \_\_\_\_\_

SPECIAL MEDICAL CONCERNS: \_\_\_\_\_

**CANCELLATIONS:** No refunds will be granted after June 1, 2015. A \$200 ADMINISTRATIVE FEE IS HELD REGARDLESS OF THE DATE OF CANCELLATION. Partial refunds or credits will be given for medical reasons only. All cancellations must be submitted in writing and will not be accepted over the phone. Credits are good for one year (2016 Camp Sessions) and are not transferable.

I HAVE READ AND UNDERSTAND THE CAMP CANCELLATION POLICY:

\_\_\_\_\_  
PARENT/GUARDIAN'S NAME (S)

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE- ONLY ONE

I have read and hereby authorize any medical evaluation or treatment which may be advised or recommended by the attending physician of \_\_\_\_\_ while at the Kevin Ollie Basketball Camp. **WAIVER AND RELEASE AS REQUIRED BY THE KEVIN OLLIE BASKETBALL CAMP FOR ALL CAMPERS:** In consideration of my application being accepted, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all claims for damages, which I may or which may hereafter occur to me, against Kevin Ollie Basketball Camp and The University of Connecticut or their respective officers, agents, representatives, successors and/or assigns, for any or all damages which may be sustained or suffered by me in connection with my association with or participation in on the campus of The University of Connecticut. I, the parent or guardian, do hereby agree to the above waiver and release. I also grant the Kevin Ollie Basketball Camp the right to use any photographs of camp activities in future promotional materials for the camp. I pledge his compliance to any and all Camp rules and understand that he could be dismissed from Camp for any conduct not in the best interests of the camp and that no part of his tuition fee will be refunded.

I HAVE READ AND UNDERSTAND THE CAMP POLICY:

\_\_\_\_\_  
PARENT/GUARDIAN'S NAME (S)

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE- ONLY ONE

**Thank you for registering for the Kevin Ollie Basketball Camp.**

## **2015 KEVIN OLLIE BASKETBALL CAMP**

### **Code of Conduct**

As a camper, I will follow the Camp Code of Conduct:

- I will maintain a positive attitude and be enthusiastic throughout my time at camp
- I will be a team player and show good sportsmanship whether I win or lose.
- I will be respectful and considerate of all other campers and staff.
  - I will not use offensive language
  - I will follow directions the first time they are given.
  - I will follow "lights out" rules
- I will treat others at camp the way I would like to be treated.
- Bullying behavior by any camper is strictly prohibited. Any camper who is involved in the harassment or intimidation of another camper will immediately be expelled from camp.
- **Any violations of this agreement can result in less playing time, a phone call to parents and/or an expulsion from camp with no refund.**

**I have read the above and agree with the terms of this Code.**

Signed by camper : \_\_\_\_\_ Date \_\_\_\_\_

Initialed by parent : \_\_\_\_\_