

## APPLICATION FOR ENROLLMENT

(PLEASE PRINT)

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_ Grade (Fall 2017) \_\_\_\_\_

Date of Birth \_\_\_\_\_

School Attending \_\_\_\_\_

Allergic Reactions  
\_\_\_\_\_

Present Medications  
\_\_\_\_\_

Date of Last Tetanus Toxoid  
\_\_\_\_\_

Past illness or other information that would be useful in the event of  
treatment if necessary \_\_\_\_\_

Check the Appropriate Boxes

### DAY CAMP

June 12-15 – 8:30am-12:00pm \$140

T-shirt Size \_\_\_\_\_

### TEAM CAMP

June 10-11 –\$435 -1pm-8pm & 9am-1pm

June 30-July 1 –\$435 -2pm-9pm & 9am-1pm

### ADVANCED CAMP

June 30 –\$40 -9am-12pm

T-shirt Size \_\_\_\_\_

**ALL TIMES ARE APROXIMATE**

Send all applications with payment and camp  
registration form to:

Ben Jacobson Basketball Camps  
4141 Wynnewood Dr.  
Cedar Falls, IA 50613

## WAIVER AND CONSENT FORM

(PLEASE PRINT)

### IN CASE OF AN EMERGENCY:

Father/Guardian \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Company Phone \_\_\_\_\_

Policy Holder \_\_\_\_\_

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

I, the undersigned, hereby certify that I am the parent or legal guardian of \_\_\_\_\_ (name of camper). I hereby give permission for the camp staff to seek during the period of the camp, appropriate medical attention for my child, for the medical attention to be given to my child, and for my child to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I, the undersigned, understand that Ben Jacobson Basketball Camps is an active, physical sport and that injuries can often occur during participation in camp. I also understand that there will be more campers than staff at the camp, and that my child cannot receive individualized attention and individualized supervision at all times. I hereby acknowledge that my child is physically fit and mentally capable of participating in skills, drills, games, and all camp activities.

I, the undersigned, hereby acknowledge and understand that Ben Jacobson Basketball Camps is a privately run sports camp and is not operated by or through the University of Northern Iowa. The camp is neither sponsored, controlled, nor supervised by the University of Northern Iowa, but rather is under the sole sponsorship, control and supervision of the Camp Director, Ben Jacobson. I waive, release, and forever discharge Ben Jacobson, Ben Jacobson Basketball Camps and the University of Northern Iowa and the aforementioned staffs, officers, agents, employees, representatives, successors, and assigns from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in camp activities or while at camp.

I, the undersigned, acknowledge that during my child's participation in camp he may be photographed or video recorded and give permission for these images to be used in promotional materials for the camp, including but not limited to printed or electronic publications, website and official camp or the University of Northern Iowa Athletic Department social media.

I, the undersigned, agree to hold harmless and indemnify Ben Jacobson, Ben Jacobson Basketball Camps, the University of Northern Iowa, and their staff, officers, agents, employees, representatives, successors, and assigns from any and all claims, lawsuits, judgments, and awards entered on behalf of my child or ward for injury or death sustained while attending or participating in any activity sponsored, promoted, or coordinated by those same parties, and I, undersigned, will not file any claim or lawsuit to recover monies or damages on behalf of my child or ward or on behalf of myself as parent.

My signature below indicates that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the camp.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

This form must be completed in full prior to registration to allow camp participation.