

**C. VIVIAN STRINGER BASKETBALL CAMP
SUMMER 2009**

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____
EMAIL _____
PARENT/GUARDIAN _____
BIRTHDATE _____ AGE _____ GRADE IN 9/09 _____
SCHOOL _____
AAU/SCHOOL TEAM NAME _____
AAU/SCHOOL COACH NAME _____
ADULT SHIRT SIZE (circle one) S M L XL ROOMMATE REQUEST _____

CAMP(S) REGISTERING FOR:

- _____ C. VIVIAN STRINGER SCHOOL OF SKILLS CAMP – JUNE 20-21 - \$250.00
_____ C. VIVIAN STRINGER WEEKEND SHOOT OUT 17U – JUNE 20-21 - \$475.00/TEAM
_____ C. VIVIAN STRINGER PARENT/DAUGHTER CAMP – JUNE 5-6 - \$300.00/\$150.00 EXTRA PERSON
_____ DAY CAMP I – JULY 6-9 – AGES 8-17 - \$315.00
_____ DAY CAMP II – JULY 20-23 – AGES 8-17 - \$315.00
_____ INDIVIDUAL CAMP – JULY 26-29 - \$500.00 OVERNIGHT/\$475.00 COMMUTER

Credit Card: \$ _____ Money Order: \$ _____ Check: \$ _____ Cash: \$ _____

Credit Card Information:

Cardholder's Name: _____ Signature _____

Card Type: _____ Number: _____ Exp Date _____

(Visa and MasterCard Only)

Please print this registration form and mail it, completed, along with your \$100.00 non-refundable deposit to:

C. VIVIAN STRINGER BASKETBALL CAMP

Attn: Beth Schriefer
83 Rockafeller Road
Piscataway, NJ 08854

For questions, please call: 732-445-4251 or

Email: wball@scarletknights.com

Refund/Cancellation Policy: A \$100.00 non-refundable deposit is required with each application. Your fee, less the non-refundable deposit will be refunded without question if you cancel your enrollment provided the request is made more than two weeks prior to the start of the camp you are enrolled in. Within two weeks of the start of the camp you are enrolled in, no refunds (less the non-refundable deposit) will be made unless for medical reasons and a physician's letter must be provided upon request of a refund. After the start of the camp you are enrolled in begins, no refunds will be made.

Waiver & Release – Rutgers, The State University of NJ, is not responsible or liable for any of the activities in respect to the C. Vivian Stringer Basketball Camp; the camp directors are an independent contractor. I hereby authorize the staff of Rutgers Women's Basketball to act for me in any situation the staff believes requires medical attention. I release and hold harmless Rutgers University and the Rutgers Women's Basketball Staff, its directors, sponsors and facilities from any claims, demands and causes of action of whatever nature or character out of or connected with the above camper or teams participation in camp activities, including claims and liability for any and all injuries during the C. Vivian Stringer Basketball Camp. I hereby grant Rutgers Women's Basketball full permission to use for publicity and advertising purposes, any photographs or video taken of camper/team during the C. Vivian Stringer Basketball Camp. I hereby consent to have my daughter/team participate in the 2008 C. Vivian Stringer Basketball Camp at the Louis Brown Athletic Center (RAC) and I will NOT hold the C. Vivian Stringer Basketball Camp or any of its representatives responsible for any loss or injury.

I understand that any camper/team who does not abide by the rules and regulations required by the camp is subject to dismissal without reimbursement or recourse. No camper/team will be allowed to leave the camp grounds unless signed out by a parent/guardian for any reason other than medical emergency until completion of the camp.

Signature: _____ Date: _____