

Dave Cowens Basketball School

Registration Form

150 Wood Road, Suite 304

Braintree, MA 02184

Parent Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____

Emergency Phone: _____

Child/Children's Information:

First Name: _____ Last Name: _____

Age: _____

Sex: ___M ___F

Height: _____

First Name: _____ Last Name: _____

Age: _____

Sex: ___M ___F

Height: _____

First Name: _____ Last Name: _____

Age: _____

Sex: ___M ___F

Height: _____

Select from the following sessions (choose one) Price Per session: \$699

____ July 11-16 Boys & Girls 12-18 years -- \$699

____ July 18-23 Boys Only 10-16 years -- \$699

____ July 25-30 Boys Only 12-18 years -- \$699

Roommate Choice, Only One: _____
(rooms are double occupancy)

Submission of this form will hold a space for up to **ten days** until your deposit check is received.

TO GUARANTEE YOUR SPACE, in addition to submitting this form you must send a copy of this signed registration page along with your \$300 non-refundable, non-transferable deposit to our mailing address: 150 Wood Road, Suite 304, Braintree, MA 02184. Remaining balance must be received in our office no later than June 1, 2010.

Discounts and Early Sign-Up

An early sign-up discount of \$65 will be allowed for each session if \$300 deposit per week/per child is received by January 31, 2010.

Send 2 or more children from the same immediate household and receive a \$35 discount per child (not dependent on early sign up).

Sign up for any 2 sessions for the special discount price of only \$1,200. No further discounts will apply.

The MAXIMUM discount per child IS LIMITED TO \$65 per week and may not be combined with any other credits or discounts.

The \$300 non-refundable deposit may not be reduced by the above discounts.

Sorry, WE DO NOT ACCEPT CREDIT CARDS. Only checks or money orders, please.

Personal Property: The camp cannot assume responsibility for personal property and parents are cautioned not to send valuables. All spending money should be deposited with the canteen manager at time of registration.

See our detailed brochure for all terms and conditions.

By submission of this form electronically, you agree that you are an adult and the parent/guardian of the child to be enrolled and agree to the following statement even if a signed copy is not on file at the camp office.

By enrolling the above player, I ensure that such individual is physically and mentally able to participate in all of the school's activities and has been examined by a licensed medical physician within one (1) year prior to attending the school. I understand that David W. Cowens Basketball School, Inc. dba Dave Cowens Basketball School, its shareholders, directors, officers, employees, representatives, independent contractors, the property or the school where the session is held and any or all of its officials cannot be held responsible in whole or in part for any accidents, illness or injuries resulting in medical or dental expenses incurred from

participation in this program. I hereby release each of them from and against any and all claims, costs, liabilities and injuries incurred while at the school. I agree to assume full and complete responsibility for any and all medical bills arising from a player's participation. In the event of any emergency, I authorize the Dave Cowens Basketball School to exercise its judgment in the treatment of said player by a medical authority. I also give the school my permission to dispense any prescription medication to my child that he/she may bring to the school, as well as use any photos of my child for promotional purposes. By signing this release and agreement I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS INCLUDING THE REGISTRATION AND REFUND POLICIES as stated in the attached brochure. I execute this waiver voluntarily and with full knowledge of its significance to be binding on my heirs, my executors, administrators, assigns and myself.

accept the terms stated above_____

Signature of Parent/guardian: _____

Relationship to camper: _____

Date: _____

A completed medical form must be submitted evidencing an examination within 12 months of attending camp.

- Refund Policy: No refunds will be given on deposit money (\$300). Full refunds will be made prior to June 1, 2010 (less the \$300 non-refundable deposit). After June 1, 2010 and prior to the start of camp, refunds will be pro-rated as follows: (medical injuries only)
- Up to 3 weeks before start of camp, a refund request of \$200 will be honored, when accompanied by a doctor's note.
- **NO REFUNDS** will be given less than 3 weeks prior to the start of camp or for the duration of camp.
- **NO REFUNDS** will be given for homesickness or inability to adjust, or for injuries or illness while attending camp.
- **NO REFUNDS** will be given for scheduling conflicts from summer school or for any other personal schedule change.

See our brochure for additional terms and conditions.

Massachusetts Department of Public Health Regulation 430.190 (D) states that all parents have the right to review background check, health care policies, discipline policies and grievance procedures upon request.