

2019 Susquehanna Valley Basketball Camp Application

Please print application and mail check and application to:
 • **Susquehanna Valley Basketball Camp** • c/o Frank Marcinek
Basketball Office • Susquehanna University • Selinsgrove, PA 17870-1002
 Make checks payable to: **Susquehanna Valley Basketball Camp**

Camp Desired:

Weekend I (July 5 - 7)	Weekend II (July 12 - 14)	Team Camp (July 21 - 24)
__ Resident \$245/person __ Commuter Team: \$475/team (no meals included)	__ Resident \$245/person __ Commuter Team: \$475/team (no meals included)	__ Resident \$375/person __ Commuting Team \$500/team (no meals included)

***\$100 nonrefundable deposit due with each application.**

***Balance is due July 1st for Weekend and Team Camps.**

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-Mail: _____
 School: _____ Age: _____ Grade Next September: _____
 Coach: _____
 Parent/Guardian E-Mail: _____

**Confirmation will be sent via e-mail if address is provided.*

T-Shirt Size: __ S __ M __ L __ XL
 Roommate Request: _____
**Campers housed two to room unless triple is requested.*

All campers must carry their own health insurance. Health insurance not provided by Susquehanna Valley Basketball Camp. In case of injury or illness requiring medical attention, every effort will be made to contact parent or guardian.

Parent/Guardian Name: _____
 Parent/Guardian Signature: _____
 Insurance Company: _____ Policy ID Number: _____
 Date: _____ Emergency Phone Number: _____

As a Susquehanna Valley Basketball Camp attendee, I agree to follow all Susquehanna University rules and regulations and obey all instructors, coaches, and officials. I also state that I am in good physical condition. **If camper is under 18, parent/guardian signature is required as well.** By signing below, parent/guardian gives permission for camper to be treated by athletic trainer, emergency room, or other medical professional deemed necessary in case of injury or illness while at Susquehanna Valley Basketball Camp.

Participant Signature: _____
 Parent/Guardian Signature: _____

****Any additional questions, please call (570) 372-4230 or e-mail Frank Marcinek at marcinek@susqu.edu.**