

GENERAL INFORMATION

- A 10% discount will be given to University of Pittsburgh employees (need copy of staff/faculty Pitt ID)
- Limited insurance coverage is provided for the benefit of all campers. However, this coverage is offered on an "excess" basis only. Under the terms of this policy, this coverage is considered excess to all other valid and collectible medical insurance policies. Most notable would be parental insurance coverage as an eligible dependent.

An athletic trainer will be present at all camp sessions.

- Refunds will be given *ONLY* for medical reasons. A letter must be presented, signed by your physician and postmarked at least one day prior to the start of camp. Sorry, no exceptions.
- If you mail your camp application 1 week or less prior to the start of a camp session, please call the men's basketball office to ensure enrollment.
- You can download a camp application along with a medical release form and send it along with your check made payable to:

BCH, Inc. and mail to:

University of Pittsburgh
Attn: Men's Basketball Summer Camp Director
P.O. Box 7436
Pittsburgh, PA 15213

If you have any questions, please call (412) 648-8350.

CAMP APPLICATION

(please print)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Parent's Name: _____

Parent's Work Phone: _____

Roommate Preference:
(2 campers per room) _____

Age: _____ School: _____

I would like to enroll in:

_____	Day Camp	June 24-28, 2002	\$200.00
_____	Team Camp	June 28-30, 2002	\$200.00 per team
_____	Shooting Camp	July 19-21, 2002	\$120.00
_____	Overnight Camp	August 2-5, 2002	
_____	Overnighter/\$325.00	_____	Commuter/\$250.00

Parent/Guardian Signature (required)

Make check/money order payable to: BCH, Inc.

Mail to: University of Pittsburgh
Attn: Men's Basketball Summer Camp Director
P.O. Box 7436
Pittsburgh, PA 15213

MEDICAL RELEASE FORM

Campers Name: _____
Last First

Home Address: _____

Parent or Guardian: _____ Phone (home): _____
Phone (work): _____

In case of emergency, notify: _____ Phone: _____

I hereby authorize the directors of the Pittsburgh Panther's Men's Basketball Camp to act for me to their best judgment in any emergency requiring medical attention. Campers assume all risks associated with normal participation in the camp including those inherent in the game of basketball.

Parent or Guardian Signature Date

MEDICAL INFORMATION

Does the camper have any pre-existing injuries? _____

If yes, what? _____

Is the camper on any medication? ____ Does the camper have any allergies? ____

Medication: _____ Allergies: _____

Is there any medical background that the training staff should know about the camper? _____

If yes, what? _____

General Comments: _____

INSURANCE INFORMATION

Name of Insurance: _____

Insurance Number: _____