

**2008 Jump Start Basketball Camp Application**

Players Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
School: \_\_\_\_\_  
Height/Weight: \_\_\_\_\_/\_\_\_\_\_ Position: \_\_\_\_\_ Grade (Next year): \_\_\_\_\_  
Basketball Experience: \_\_\_\_\_ Bus Service: Yes  No   
Roommate Requested: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

I understand that any camper who does not abide by the rules and regulations designated by the Jump Start Camp is subject to dismissal without reimbursement or recourse. Camp will not be responsible for any injury or illness that is not sustained through fault or camp. I hereby authorize the directors/trainers of Jump Start Camp to act on behalf, according to their best judgement in any emergency if I can not be contacted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO **JUMP START BASKETBALL CAMP**

**OFFICE USE ONLY:**

SHIRT #: \_\_\_\_\_  
DEPOSIT: \_\_\_\_\_ DATE: \_\_\_\_\_  
BALANCE: \_\_\_\_\_ DATE: \_\_\_\_\_  
INFORMATION SENT: \_\_\_\_\_  
MEDICAL: \_\_\_\_\_  
ROOM #: \_\_\_\_\_

**PLEASE CHECK ONE:**

- OVERNIGHT **\$475**
- DAY CAMPER (9am-9pm) **\$400**  
(Includes lunch and dinner)  
\$225 Deposit required with application

**MAIL TO:**

Jump Start Basketball Camp  
C/O Jill Cook  
8400 Shore Front Pkwy, Apt 7E  
Rockaway, NY 11693