



Presents
**THE 2009
JUNIOR PIRATES
FALL PROGRAM**

What is it?

A chance for Youth basketball players to hone their skills, work on their game, and develop fundamentals. Skill instruction and development will take place under the direction of Whitworth University coaches and players!

When is it?

Sunday Nights 6-8 pm - Sept. 6, 13, 20, 27 & Oct. 4, 11, 18

How much is it?

Registration is only \$75 per camper! A tremendous value for high intensity, high level instruction! This is **\$15 off** last year's price, and about \$5 per hour of college instruction!

How do I sign up?

Please fill out and return the registration at the bottom. ****Please fill out the Medical release form on the backside**** Upon registration we will email and confirm with final details.

**If you have any questions regarding camp or registration please contact
Craig Fortier at (509) 777-4415.**

**** Please bring your own Basketball**

Junior Pirate Registration

Name _____ Age _____ Email _____

Home Address _____ City/State/Zip _____

Home Phone (____) _____ T-shirt size (circle 1 of each) Adult or Child? S M L XL XXL

Please enclose full payment (\$75) with registration. Make checks payable to Whitworth Basketball, and

Mail to:
Junior Pirates Program 2009,
Whitworth Basketball
300 W. Hawthorne Road
Spokane, WA. 99251

Whitworth University Camp Waiver and Release

Childs Name: _____

In consideration of the acceptance of this application for the **WHITWORTH MEN'S BASKETBALL CAMP**, I am aware of and understand the potential dangers of participating in contact sport activities. I understand that catastrophic injury or accident can occur through participation in Basketball. I freely and voluntarily assume all such risks and consent to my son/daughter participation in the Whitworth Men's Basketball Camp.

I, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims which I may have now or in the future against Whitworth and its representatives, employees, respective agents, and/or assignees, for all damages which may be sustained and suffered in connection with my or my son or daughter's association with any portion of this camp or related activities, and which may arise out of my or my child's traveling to or returning from camp. I know of no medical or physical problems that may affect my or my child's ability to participate safely in this camp.

I hereby give my consent to the camp staff to attend to any health problems or injury my son may incur while attending this camp. Further, I give my consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I accept full responsibility for the cost of any medical or other charges in connection with my/my child's attendance at camp.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ THIS WAIVER AND RELEASE FORM AND UNDERSTAND ALL OF ITS TERMS. I SIGN THIS RELEASE VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

I certify that my/my child's active Health Insurance policy No. and Insurance Company name

are: _____

Parent or Guardian

Name _____ **Signature** _____ **Date** _____