

# 2008 DEFENDER SPORTS CAMPS REGISTRATION

Please check the appropriate boxes:  Camper  Coach  Male  Female  I have **NOT** attended a BBC camp in the past.  I **HAVE** attended a BBC camp in the past.

PLEASE PRINT

Name \_\_\_\_\_

Grade (fall '08) \_\_\_\_\_ Grad Year \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_

School City/State \_\_\_\_\_

Attending with a different school?  Yes  No

If yes, School Name \_\_\_\_\_

School City/State \_\_\_\_\_

Roommate Preference \_\_\_\_\_

Total **cost per camp per camper** is \$300. A **\$60 non-refundable deposit** per person, per camp must accompany this form. There is a **\$40 discount** if postmarked by the early registration deadline. The balance is due upon arrival (\$200 before deadline; \$240 after). You may include full payment. **Coaches need to register**, but do not need to send a deposit. Please make checks payable to BBC. Your registration authorizes BBC to use photos/videos of you for promotional purposes.

**SEND TO: BBC DEFENDER SPORTS CAMPS | 538 VENARD ROAD, CLARKS SUMMIT, PA 18411**

I am registering for the following:

Camp	Dates	Early Reg. Deadline
<input type="checkbox"/> Defender Basketball I	June 15-20	May 15
<input type="checkbox"/> Defender Basketball II	June 22-27	May 15
<input type="checkbox"/> Lady Defender Basketball	July 6-11	June 2
<input type="checkbox"/> Lady Defender Volleyball	July 13-18	June 16
<input type="checkbox"/> Defender Soccer	August 3-8	July 1

Soccer Position(s):  
 Field  Goal Keeper

Amount Enclosed: \$ \_\_\_\_\_

I/We the parent/guardian of \_\_\_\_\_ hereby authorize the director of BBC Defender Sports Camps to act for me/us according to their best judgment in any medical emergency. I/We understand that any insurance claims will be filed with my/our personal insurance.

Parent/Guardian (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency Phone (*other than home*) ( \_\_\_\_\_ ) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_

# 2008 DEFENDER SPORTS CAMPS REGISTRATION

Please check the appropriate boxes:  Camper  Coach  Male  Female  I have **NOT** attended a BBC camp in the past.  I **HAVE** attended a BBC camp in the past.

PLEASE PRINT

Name \_\_\_\_\_

Grade (fall '08) \_\_\_\_\_ Grad Year \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_

School City/State \_\_\_\_\_

Attending with a different school?  Yes  No

If yes, School Name \_\_\_\_\_

School City/State \_\_\_\_\_

Roommate Preference \_\_\_\_\_

Total **cost per camp per camper** is \$300. A **\$60 non-refundable deposit** per person, per camp must accompany this form. There is a **\$40 discount** if postmarked by the early registration deadline. The balance is due upon arrival (\$200 before deadline; \$240 after). You may include full payment. **Coaches need to register**, but do not need to send a deposit. Please make checks payable to BBC. Your registration authorizes BBC to use photos/videos of you for promotional purposes.

**SEND TO: BBC DEFENDER SPORTS CAMPS | 538 VENARD ROAD, CLARKS SUMMIT, PA 18411**

I am registering for the following:

Camp	Dates	Early Reg. Deadline
<input type="checkbox"/> Defender Basketball I	June 15-20	May 15
<input type="checkbox"/> Defender Basketball II	June 22-27	May 15
<input type="checkbox"/> Lady Defender Basketball	July 6-11	June 2
<input type="checkbox"/> Lady Defender Volleyball	July 13-18	June 16
<input type="checkbox"/> Defender Soccer	August 3-8	July 1

Soccer Position(s):  
 Field  Goal Keeper

Amount Enclosed: \$ \_\_\_\_\_

I/We the parent/guardian of \_\_\_\_\_ hereby authorize the director of BBC Defender Sports Camps to act for me/us according to their best judgment in any medical emergency. I/We understand that any insurance claims will be filed with my/our personal insurance.

Parent/Guardian (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency Phone (*other than home*) ( \_\_\_\_\_ ) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_

# 2008 DEFENDER SPORTS CAMPS REGISTRATION

Please check the appropriate boxes:  Camper  Coach  Male  Female  I have **NOT** attended a BBC camp in the past.  I **HAVE** attended a BBC camp in the past.

PLEASE PRINT

Name \_\_\_\_\_

Grade (fall '08) \_\_\_\_\_ Grad Year \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_

School City/State \_\_\_\_\_

Attending with a different school?  Yes  No

If yes, School Name \_\_\_\_\_

School City/State \_\_\_\_\_

Roommate Preference \_\_\_\_\_

Total **cost per camp per camper** is \$300. A **\$60 non-refundable deposit** per person, per camp must accompany this form. There is a **\$40 discount** if postmarked by the early registration deadline. The balance is due upon arrival (\$200 before deadline; \$240 after). You may include full payment. **Coaches need to register**, but do not need to send a deposit. Please make checks payable to BBC. Your registration authorizes BBC to use photos/videos of you for promotional purposes.

**SEND TO: BBC DEFENDER SPORTS CAMPS | 538 VENARD ROAD, CLARKS SUMMIT, PA 18411**

I am registering for the following:

Camp	Dates	Early Reg. Deadline
<input type="checkbox"/> Defender Basketball I	June 15-20	May 15
<input type="checkbox"/> Defender Basketball II	June 22-27	May 15
<input type="checkbox"/> Lady Defender Basketball	July 6-11	June 2
<input type="checkbox"/> Lady Defender Volleyball	July 13-18	June 16
<input type="checkbox"/> Defender Soccer	August 3-8	July 1

Soccer Position(s):  
 Field  Goal Keeper

Amount Enclosed: \$ \_\_\_\_\_

I/We the parent/guardian of \_\_\_\_\_ hereby authorize the director of BBC Defender Sports Camps to act for me/us according to their best judgment in any medical emergency. I/We understand that any insurance claims will be filed with my/our personal insurance.

Parent/Guardian (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency Phone (*other than home*) ( \_\_\_\_\_ ) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_