

# MARTY WILSON BASKETBALL CAMP

June 19-22, 2017 @ Pepperdine University

## Camper Information: Please Print

Camper's Name: Last First

Date of Birth Grade (Fall 2017)

Address

City State Zip

Parent/Guardian Name

Parent/ Guardian Phone

Parent/Guardian Email

T-Shirt Size

## Please select camper option:

### **Resident Camper - \$545**

Housed & supervised on campus  
3 meals provided daily

### **Day Camper - \$325**

9am-5pm daily (except Thurs)  
Lunch provided daily

**Please Note:** If you register online through [Martywilsonbasketball.com](http://Martywilsonbasketball.com) there are early bird and group discount rates available.

## Insurance & Medical Care:

Each Camper must be covered by his parent's or guardian's insurance before participating in any of the camp activities.

**Waiver & Release:** The Marty Wilson Basketball Camp is not an official function of Pepperdine University. I do hereby waive, release, discharge the Marty Wilson Basketball Camp, Pepperdine University, and respective staffs & employees from any and all rights and claims for damages resulting from injuries to my person or property that may be sustained or suffered by me in connection with my association with, participation in, or arising out of traveling to or from the Marty Wilson Basketball Camp. We, the parents or guardians, agree to the above's participation in this program including emergency and referral services, if necessary. I have read and hereby accept the conditions described in this brochure.

Parent/Guardian Name

Parent/Guardian Signature

Emergency Contact Relation to Camper

Emergency Contact Phone #

## Mail application form with full payment to:

Marty Wilson Basketball Camp  
24255 Pacific Coast Highway Malibu, CA 90263

## Please make checks payable to:

Marty Wilson Basketball Camp

Questions? Call: 310-506-4161  
Jonathan.pastorek@pepperdine.edu  
[www.martywilsonbasketball.com](http://www.martywilsonbasketball.com)



## Camper Health Form:

To be completed by camper's parent or legal guardian. First Aid will be available at camp.

Medical Insurance Provider

Policy Number

Name of Policy Holder

Doctor's Name Phone

Medical Problems in the last six months

Allergies and drug sensitivities

Medications currently be taken / Time / Dosage

## Please read carefully:

I hereby authorize Marty Wilson Basketball Camp to act for me in any emergency requiring medical attention. I agree to allow my child to be treated by a licensed physician while attending Marty Wilson Basketball Camp and to assume all costs related to such treatment. I also grant permission for my child's photograph/video to be used in any literature relating to the publicity and/or advertising for the camp. Names will be withheld.

Parent/Guardian Signature

Parent/Guardian Name

Date