

2008 RISING STAR BASKETBALL SCHOOL ONLINE APPLICATION

Waltham I	<input type="checkbox"/>	\$ 255	
Waltham II	<input type="checkbox"/>	\$ 255	
Waltham I + II	<input type="checkbox"/>	\$ 430	
Mansfield	<input type="checkbox"/>	\$ 225	
Marblehead	<input type="checkbox"/>	\$ 235	
Marblehead	<input type="checkbox"/>	\$ 235	
Team Name: _____	<input type="checkbox"/>	\$20 off (Waltham), \$15 off (all others) for each teammate/min of 7	

players
TOTAL:

Send applications to:
Kevin O'Brien
Rising Star Basketball School
7 Marshall's Corner
Brockton, MA 02301
508-588-0772 or 774-274-0180

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Date of Birth: _____

Grade: _____

School you will be attending in September: _____

Coach's Name: _____

Level you expect to play at in 2007-2008: _____

Position(s): _____

Will you be a starter? _____

Do you play baseball? _____

Height and Weight: _____

T-shirt Size (Men's): S M L XL (circle one)

In case of medical emergency, I understand every attempt will be made to contact parents or guardians. If they cannot be reached, I hereby give my permission to the physician selected by the Rising Star Basketball School, to hospitalize and secure medical treatment for my child. The person enrolling at Rising Star Basketball School, parent or parents or legal guardian assumes all risk of loss of property or injury to the person, including injuries resulting in death caused by or incidental to dangers associated with basketball activities and agree that there are certain inherent dangers related to basketball participation and therefore, agrees to hold Boston Sports Academy dba Rising Star Basketball School, its owners and employees harmless and specifically agree not to make any claim against Rising Star Basketball School for any of these injuries which would morally be considered to be a normal risk associated with participation in basketball activity. I give permission for this camp to transport my child to gyms used by the camp.

Signature: _____

Date: _____

Health Insurance Company: _____

Address: _____

Policy Number: _____

In case of emergency call: _____

A medical record of the camper must accompany this application, including, but not limited to all precautions the camp directors should be aware of, such as allergies, diabetes, recent illness, etc. Full payment to Rising Star Basketball School must accompany this application. This camp must comply

with the Massachusetts Department of Public Health and be licensed by the appropriate municipal board of health. The Rising Star Basketball School is owned and operated by Boston Sports Academy, Inc.