

**2010 TROJAN  
BOY'S BASKETBALL ACADEMY  
For more information call  
TNU Head Basketball Coach Sam Harris  
615-248-1603**

- Camp #1 June 21 – 25 (9:00 – 11:30 am)**  
**Cost \$60.00 Grades 3-12**
- Camp #2 July 19 – 23 (9:00 – 11:30 am)**  
**Cost \$60.00 Grades 3-12**

**Each session is \$60.00**

1/2 tuition is required w/application to secure position.

Final payment is due on registration check-in.

**APPLICATION**

Campers Name \_\_\_\_\_

Age \_\_\_\_\_ Grade Next Fall \_\_\_\_\_

Will this be your first year in Camp? \_\_\_\_\_

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Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Parent's Work Phone \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_

**Mail deposit and this form to:**

**Trojan Basketball Academy  
Trevecca Nazarene University  
333 Murfreesboro Road  
Nashville, TN 37210**

*Trevecca and staff is **not** responsible for lost equipment, radios, cassettes, cell phones, etc.*

**INSURANCE INFORMATION**

Medical Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

In an Emergency, if parents cannot be reached please notify:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Known Allergies/Drug Reactions \_\_\_\_\_

Asthma \_\_\_\_\_

Diabetes \_\_\_\_\_

Last Tetanus Shot or Booster \_\_\_\_\_

List of Medications Currently Taking \_\_\_\_\_

I, the undersigned parent or guardian, do hereby authorize the athletic trainer or coaches at camp to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which he/she may deem necessary.

It is understood that, in any event, an attempt will be made to contact the parent before treatment is started.

**I, the undersigned parent or guardian, understand Trevecca Nazarene University does not provide medical insurance** for my child and certify that my child is physically fit to attend camp and participate in all camp activities.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date