

INDIVIDUAL CAMPS
(Boys, Ages 6-18)

CAMP 1
June 3-6, 2019

CAMP 2
June 17-20, 2019

Montagne Center
4400 S. MLK Pkwy, Beaumont, TX 77705



BASKETBALL

Lamar University
Men's Basketball Camp
P.O. Box 10066
Beaumont, TX 77710

ADDRESS SERVICE REQUESTED

661024

2019
Tic Price
Lamar University
Boys'
Basketball Camps



Montagne Center
Lamar University
4400 MLK Parkway
Beaumont, TX 77705

Individual Camps

(Boys, Ages 6-18)

Camp 1—June 3-6, 2019

Mon-Weds 9am-3pm (Lunch Provided)

Thurs 9am-12pm (No Lunch)

Camp 2—June 17-20, 2019

Mon-Weds 9am-3pm (Lunch Provided)

Thurs 9am-12pm (No Lunch)

- **\$185.00 per camper**
- ***\$50.00 non-refundable deposit due @ Registration**
- **Balance Due 1st Day of Camp**
- **Payment Methods**
 1. Cash
 2. Money Order
 3. Credit Card

Type _____
 Name _____
 Exp _____
 Acct# _____
 Sec # _____
 Zip _____
 Amt \$ _____

Submit completed application, including deposit or full payment:

1. Mail:Lamar University Ticket Office
Men's Basketball Camp
P.O. Box 10066
Beaumont, TX 77710
2. Drop Off: Montagne Center Ticket Office
409-880-1715
3. Register online or print form:
Lamarmensbasketballcamps.com
4. Fax 409-880-7542

***DEPOSITS ARE NON-REFUNDABLE**
***IF CAMP IS CANCELLED DUE TO WEATHER**
THERE WILL BE NO REFUNDS

Safety and Insurance

Experienced trainers are available at all times. Each Camper is covered by health and accident insurance during camp hours. Insurance coverage is secondary to primary insurance. **You must fill out the indemnification and medical treatment forms to complete your registration.**

Indemnification by Parent/Guardian of Applicant

The undersigned parent/guardian of _____
 The applicant, for and in further consideration of the Basketball Summer Camp accepting said applicant, does hereby release and discharge the Curators of Lamar University and its representatives, employees and agents from any and all debts, claims demands, actions, damages, causes of action, judgments or suits of any kind which may arise or be occasioned as a result of the applicant's participation in the Basketball Summer Camp and hereby, agree to have and indemnify and keep harmless the Curators of Lamar University, its representatives, employees and agents against any and all liability, claims, judgments, or demands for damages arising as a result of any course instruction given the applicant by the Basketball Summer Camp.

Medical Treatment Authorization

I/We being the parents and/or legal guardians of the applicant authorize Lamar University and its agents permission to request emergency treatment or care as necessary to insure the well-being of our dependent. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Signature of Parent/Guardian _____ Date _____

Please list any pre-existing medical conditions:

Person carrying insurance coverage and relationship to applicant: _____

Employer of Sponsoring Organization: _____

Insurance Company: _____

Policy #: _____

Group #: _____

Additional Insurance: _____

Camper's Name _____

Address _____

City _____

State _____ Zip _____

Phone (H) _____ (O) _____

E-Mail _____

Emergency Name _____

Phone _____

I have__ have not__ won a varsity letter (check one)

School grade-level just completed (at time of camp) _____

Age____ Height____ Shirt Size (adult) circle one
S M L XL

Check the session you wish to attend:

_____ Summer Camp 1 - JUNE 3-6

_____ Summer Camp 2 - JUNE 17-20

LU EMPLOYEE _____ DEPT _____

Questions? Call the Lamar University Men's Basketball Office at (409) 880-8301



For Office Use Only...Total: \$ _____

Date Recorded	Pmt Method	Amount Paid	Balance Due