

**\$320.00 - Overnight Campers**

**\$225.00 - Day Camper**

**\$25.00 - 2nd Family Member Discount\***

*\*with advance registration*

**Team Rates upon Request**

*Enclose check/money order w/ application*

*Credit Card:www.camp@forkunionbasketball.com*

**Frequently Asked Questions?**

***Can we bring CD players, Ipods, cell phones, etc.?***

FUBS does not recommend bringing personal valuables. FUBS is not responsible for any lost or misplaced items.

***May Girls Attend?***

FUBS allows female day campers.

***What to bring?***

FUBS will provide each camper with a reversible jersey and pair of shorts for use during scheduled activities (FUBS washes these daily for boarding campers) Please bring socks (higher than shoes), basketball shoes, a few changes of clothes, linens (towels, pillows, sheets, etc.), soap and toiletries, etc.

***Do you have a concession stand?***

Yes we do, and each camper may bring money to deposit in the camp bank at registration.

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**Agreement to Indemnify, Hold Harmless, and release from liability:**

By signing this agreement, I affirm my understanding that the risk of injury is inherent in the game of basketball an in the normal course of activities at an overnight sports camp such as the Fork Union Basketball School, Inc. ("FUBS"). I hereby affirm that I assume the risk of injury to my child/ward during his/her participation in FUBS. As consideration for my child's/ward's enrollment at the FUBS, I agree to release from liability and to indemnify and hold harmless Fork Union Military Academy, the Fork Union Basketball School, Inc., and each of their directors, officers, and contractors, for and from all claims that may be made as a result of any activity, accident, or occurrence involving my child/ward while attending FUBS, including but not limited to claims for compensation for personal injury or death or for property loss or damage.

**Cancellations & Refund Policy**

Should a camper find it necessary to cancel, a full refund will be made if notification of cancellation is received by June 14. Cancellations after this deadline will result in a refund deduction of \$25.00 for administrative expenses. There are no refunds after uniforms are issued on July 6.

Sign **both** sides of application.

*Detach and mail to:*

**Fork Union Basketball School Inc**

**P.O. Box 278**

**Fork Union, Virginia 23055**

*Attn: Fletcher Arritt*

Fax: 434-842-4242 or 3510

Tel: 434-842-4231 or 4290 or 3510

For information regarding  
Fork Union Military Academy  
**www.forkunion.com**

**FORK UNION  
BASKETBALL SCHOOL**



*with*  
**Coach Fletcher Arritt**

**July 6-11, 2008**

*www.forkunionbasketball.com*

## Fork Union Basketball School

Fork Union Basketball School was established in 1985 under the direction of Coach Fletcher Arritt.

During the school year, Coach Arritt teaches and coaches the post-graduate basketball team at Fork Union Military Academy. Over the past 40 years, more than 200 of his players have gone on to play Division I basketball. Throughout Thomas Gymnasium, one can view an impressive list of college jerseys donated by former players. The same players, along with other well respected players, are the core of the teaching staff at the Fork Union Basketball School. You can find more information about his coaching and history at [www.forkunionbasketball.com](http://www.forkunionbasketball.com).

While camp is in session, Coach Arritt monitors the details to ensure that each individual camper is given the chance to grow as a basketball player. He continues to instill his enthusiasm and love of the sport to all that come in contact with him. In the time spent here, campers are educated in the fundamentals of the game, good sportsmanship, social skills, and the importance of teamwork. Throughout the 23 years of the camp, his wife has also been present to help with any non basketball details that might arise.

## Location & Facilities

The camp is located on the 500 acre campus of Fork Union Military Academy in Fork Union, Virginia. FUMA is on Route 15 approximately 18 miles south of Zion Crossroads. 35 miles from Charlottesville, 50 miles from Richmond, and 100 miles from D.C. Campers are housed in air conditioned Academy dorms staffed by camp counselors and instructors. Nutritious hot meals begin Sunday evening and end with breakfast on Friday. Day campers may have lunch and dinner.

## Transportation

Since there is limited public transportation to and from Fork Union, it will be your responsibility to provide transportation for each camper by private vehicle.

## How to Register

To enroll in the camp, fill out the registration form and mail with check payable to Fork Union Basketball School, Inc. You also have the option to log on to [www.forkunionbasketball.com](http://www.forkunionbasketball.com), navigate to the Basketball School page, and pay the set fees with a credit or debit card. The application must still be mailed. In order to be assured of proper uniforms, rooms and requests, advanced registration is strongly recommended. Application does not ensure automatic acceptance. This application may be duplicated and forms may be downloaded at: [www.forkunionbasketball.com/](http://www.forkunionbasketball.com/) or [www.forkunion.com/basketballccamp](http://www.forkunion.com/basketballccamp).

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

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

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

Work Phone \_\_\_\_\_

Roommate Request \_\_\_\_\_

Amount Enclosed - \$ \_\_\_\_\_

I approve of \_\_\_\_\_  
participation in the Fork Union Basketball School

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

e-mail \_\_\_\_\_

### Medical Release

It is the responsibility of the camper's parents or guardian to ensure that the camper is healthy and has no physical problems that would prevent his participation in camp activities.

Date of last tetanus immunization \_\_\_\_\_

List any allergies to medicines \_\_\_\_\_

Emergency Phone Day \_\_\_\_\_ Night \_\_\_\_\_

Family Medical Policy Coverage: Company Name \_\_\_\_\_

Policy #: \_\_\_\_\_

Primary Insured: \_\_\_\_\_

( ) Mark only if you do not have medical insurance

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

(Over - sign back)