Baron Davis
Rising Stars of America
Basketball Camp

August 1st — August 5th

Santa Monica College
1900 Pico Boulevard
Santa Monica, California
90405

310•753•RSOA (7762)
About the Camp
This camp for boys and girls entering grades 4 through 10 is designed to give students an opportunity to learn the basic fundamentals of basketball. Students will have the opportunity to enroll in this week-long, full-day program designed to instruct them in dribbling, shooting, free throws, team work, offensive moves, and defensive strategies. Baron Davis and his carefully selected staff will be present to assist the campers.

About Rising Stars of America
Rising Stars of America is proud to present the Baron Davis Basketball Camp. RSOT is a California Nonprofit Public Benefit Corporation that has been organized for the express purpose of teaching young men and women from Southern California and beyond the fundamentals of sports as well as the broader principles of discipline, responsibility, and respect for others.

Location
The camp will be conducted at Santa Monica College, 1900 Pico Blvd., Santa Monica, CA, 90405. All facilities are located indoors and are air-conditioned.

What to Bring
Each camper should bring a lunch each day (snacks will be provided) and wear appropriate athletic attire.

Money and Valuables
Please do not bring any valuables to camp. RSOT and Santa Monica College will not be responsible for lost or stolen items.

Cancellation Policy
If you cancel at least three weeks prior to the first day of the camp, you may receive a refund of 50%. No refunds will be given after July 12, 2005, or if a camper voluntarily leaves the camp.

Tuition
The tuition for camp is $300. All campers will receive a camp T-shirt and a team picture taken with Baron Davis. The camp will end with an autograph session with Baron Davis. Each camper will be allowed to bring one personal item to be signed.

Insurance and Medical Care
Campers must provide their own medical insurance. Doctors are on call and hospital facilities are readily accessible. Each conceivable effort is made to protect the camper’s health and safety through constant inspection of equipment and supervised instruction of campers. The camp assumes no responsibility for accidents or illness.

Financial Aid
Financial aid is available depending on enrollment. If you would like an application, please go to our website at www.rsot.org or call us at (310) 753-7762.

Sample Daily Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 - 9:15</td>
<td>Assembly</td>
</tr>
<tr>
<td>9:15 - 10:00</td>
<td>Fundamental Stations</td>
</tr>
<tr>
<td>10:00 - 10:15</td>
<td>SNACK</td>
</tr>
<tr>
<td>10:15 - 11:00</td>
<td>Team Practice/Contests</td>
</tr>
<tr>
<td>11:00 - 12:00</td>
<td>Games</td>
</tr>
<tr>
<td>12:00 - 12:45</td>
<td>LUNCH</td>
</tr>
<tr>
<td>12:45 - 1:30</td>
<td>Assembly</td>
</tr>
<tr>
<td>1:30 - 2:30</td>
<td>Games</td>
</tr>
<tr>
<td>2:30 - 3:15</td>
<td>Assembly/Guest Speaker</td>
</tr>
<tr>
<td>3:15 - 3:30</td>
<td>Wrap Up</td>
</tr>
</tbody>
</table>
RISE ING STARS OF AMERICA BASKETBALL CAMP APPLICATION FORM

RISE ING STARS OF AMERICA BASKETBALL CAMP OPERATES ON A FIRST-COME, FIRST-SERVED BASIS. SPACE IS LIMITED.

Send application to:
RSOA: 2200 Colorado Ave. #203, Santa Monica, CA 90404

Camper Name: ___________________________________________ Phone: (_______)
Address: ________________________________________________
City: __________________ State: ______ Zip: ____________
School Attend: ___________ Grade (in fall): _______ Date of Birth: ________
Age: _______ Sex: _______ T-shirt Size: _____ Youth S M L Adult S M L XL XXL
Parent Name: ___________________________________________ Parent Phone: (_______)
E-mail Address: _________________________________________
How did you hear about the camp:
Postcard □ Brochure □ Newspaper □ Internet □ Other
Please send me additional application brochures.

Full tuition ($300.00) must accompany this application:

☐ Check enclosed or money order made payable to Rising Stars of America
☐ Credit Card: (circle type) VISA Mastercard
Card Holder’s Name: _______________________________________
Card Number: _______ _______ _______ _______ Expiration Date: ______

Emergency name and phone number to be used in the event of an injury that requires emergency treatment.

Parent/Guardian Name: ____________________________ Home Phone: (_______)
Cell Phone: (_______) Work Phone: (_______)
Family Physician: ____________________________ Phone: (_______)
Insurance Company: ____________________________ Policy #: ________
Address of Insurance Company: ____________________________
Policy in Name of: _______________________________________
Place of Employment: ______________________________________
Allergies: ____________________________________________ Last Tetanus Shot Date: ______
Any medications or medical condition camp should be aware of: ____________________________________________________________

I hereby certify that my son or daughter is in good health and may participate in all camp activities. I will not hold Santa Monica College or RSOA responsible in the event of an accident or injury as a result of his or her participation. I also give permission for my child to be given emergency treatment at a local hospital.

Parent/Guardian Signature: ____________________________ Date: ____________