

**FREE  
SLAM  
MAGAZINE  
SUBSCRIPTION**

**AUGUST 2009**

# **ALASKA ALL-STAR BASKETBALL CAMP**

**Boys and Girls Camp  
Ages: 9 - 18**

**Lily Of The Valley Church  
of God In Christ  
2404 South Barnette Street  
Fairbanks Alaska 99701  
907-452-7594**

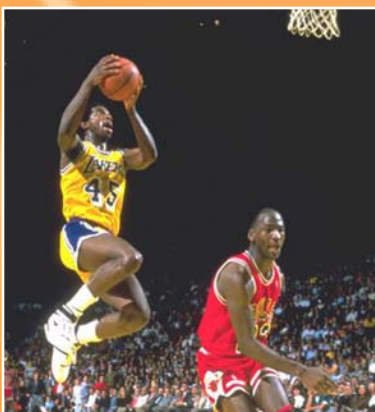
## **THE COACHES**

### **JIM CLEAMONS** Career Stats



- . Has coached some of the game's best - Michael Jordan, Kobe Bryant, Chris Paul, etc.
- . Has ten NBA championships both as a player and coach
- . Has coached on both collegiate and professional levels.
- . Played in the NBA for nine seasons
- . NBA All Defensive second team

### **AC GREEN**



### Career Stats

- . Nicknamed the NBA's "Ironman" for his playing in 1,192 consecutive games (NBA record)
- . Three time NBA World Champ
- . NBA All Star
- . NBA All Defensive second team

**August 10-15, 2009**

**Top Talent Basketball Skills  
Development Camp  
(with Jim Clemons)**

**ONLY  
\$275 Per Participant**

**August 8, 2009**

**Core Skills Development  
Basketball Camp  
(with AC Green)**

**ONLY  
\$125 Per Participant**

**Special Package  
Deal!!**

**Both Camps for**

**ONLY  
\$350**

**For Registration OR If You Have Further Question Please Contact  
Tyree Fields at tyreefields1911@yahoo.com or 502.377.7156**

# Alaska All-Star Basketball Camp Enrollment Form



Code	Camp	Date	Price
AAS1	Top Talent Basketball Skills Development Camp	August 10-15	\$275
AAS2	Core Skills Development Basketball Camp	August 8	\$125
AAS3	* SPECIAL Camp Package Deal -AAS1 & AAS2	August 8 & August 10-15	\$350



## ALASKA ALL-STAR BASKETBALL CAMP APPLICATION CARD

### INSTRUCTIONS

Please see camp list above. Write the camp ID # of each camp you wish to attend. Camp ID# \_\_\_\_\_ Cost \_\_\_\_\_  
 Balance of payment is due 10 days prior to camp. **\*Every registration includes a one year subscription to SLAM Magazine (a \$50 Value)**

**REGISTRATION DEADLINE IS JULY 26TH (MUST BE POSTMARKED BY DEADLINE DATE).**

Payment Methods:	By Credit Card (for immediate registration):
<p><b>By Check:</b>                      Make Checks Payable to  <b>“Ideaology Consulting, LLC”</b>                       Mail completed applications with check to:                      Ideaology Consulting, LLC                      RE: Alaska All Star Basketball Camp                      PO Box 18181                      Fairfield, Ohio 45018</p>	<p>To pay with a credit card please fill out credit card information below and FAX completed application to: <b>866.723.3657</b> and call <b>Tyree Fields at 502.377.7156</b>                       If you wish to pay by credit card, we accept VISA and MasterCard.                      Cardholder name _____                      Cardholder billing address _____                      City / State _____ Zip Code _____                      Credit Card # _____                      Expiration Date _____ V-Code (on signature line of credit card) _____                      Amount \$ _____                      Daytime Phone _____                      Signature _____</p>

For Official Use Only: Camp Code \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Init \_\_\_\_\_

Please enroll my child (Name) \_\_\_\_\_ Grade as of Sept '09 \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ I was recommended by \_\_\_\_\_

School Name Next September \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Signature of Parent \_\_\_\_\_ My signature constitutes agreement and authorizes treatment, in case of emergency, and I further submit that my child is physically fit to participate in strenuous athletic activity, and waive The Alaska All-Star Basketball Camp and Ideaology Consulting, LLC and its staff, affiliated entities, their officers, agents and employees from and against any injury, recurrence of any undisclosed pre-existing injury or illness prior to the first day of the session, and all liabilities or causes of action arising out of or in connection with my child's participation. I hereby authorize and give my full consent to Alaska All-Star Basketball Camp and Ideaology Consulting, LLC to copyright and/or publish any and all photographs, videotapes, and/or film in which my child appears in while attending this Alaska All-Star/Ideaology Consulting, LLC event. I further agree that Alaska All-Star/Ideaology Consulting, LLC may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

Does your family have medical coverage that includes the applicant? Yes. No.

Are your child's immunizations up to date? Yes. No.

Please attach list of all allergies to foods or medications

Policyholder's Name \_\_\_\_\_ Tel. No. of Policyholder \_\_\_\_\_

Policyholder's Address \_\_\_\_\_

Name of Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Address of Company \_\_\_\_\_

Name and Telephone # of emergency contact \_\_\_\_\_