

CENTRAL WASHINGTON UNIVERSITY

Boys and Girls Basketball Camp

CAMP DATES:

June 27-30: (K-3)
 June 27-30: (4-8)

TIME: 8:30-11:30 a.m.
 TIME: 12:30-3:30 p.m.



Central Washington University's Women's Basketball team and staff would like to welcome you to our boys and girls summer basketball camp! Our focus for four days is on in depth offensive and defensive skill development that will include drills, competitive games, and controlled scrimmages. Each camper will receive a T-shirt and camp basketball. Don't miss out on this great opportunity for four days of fun!

FOR MORE INFORMATION:

You can contact CWU Women's Basketball

Head Coach Jeff Whitney

Office Phone: (509) 963-1934

Email: whitneyj@cwu.edu

Assistant Coach Rachael Ziemann

Office Phone: (509) 963-1936

Email: rziemann@cwu.edu

CAMP LOCATION:

Central Washington University

Nicholson Pavilion

REGISTRATION FORM: Checks payable to CWU Athletics

Name of Camper _____ Age _____ Telephone (____) _____

(Please print)

Address _____ City _____ State _____ ZIP _____ T-shirt Size _____

Submission Options:

MAIL COMPLETED FORM TO - CWU Women's Basketball 400 E UNIVERSITY WAY, ELLENSBURG, WA 98926

FAX - (509) 963-2390 with ATTN: Women's Basketball

Email -Coach Whitney or Coach Ziemann

June 27 - 30 (K-3) 8:30-11:30 a.m. \$85.00 Cost _____

June 27-30 (4-8) 12:30-3:30 p.m. \$85.00 _____

****ALL PLAYERS ARE REQUIRED TO WEAR BASKETBALL ATTIRE****

****EACH CAMPER SHOULD BRING A WATER BOTTLE**

TOTAL = _____



CWU CAMPER HEALTH/EMERGENCY INFORMATION FORM FOR CWU SPORT CAMPS

THIS FORM MUST BE PROPERLY SIGNED and RETURNED ON THE FIRST DAY OF CAMP.
Campers will not be allowed to participate without properly completed and signed forms.

Camper's Name _____ Address _____

Birth Date _____ State/City Zip Code _____

Phone (____) _____ Sport Camp Attending _____

Does your child have:

Allergies Yes No If yes, list. _____

Chronic Illness, such as heart condition, asthma, epilepsy, diabetes, etc. Yes No

If yes, list. _____

Has your child had any injuries and/or operations during the past year? Yes No

If yes, list type and dates. _____

Has your child's physical activity been restricted during the past year? Yes No

If yes, list reasons and duration. _____

Is your child taking any medications? Yes No

If yes, why? _____

Name of medication (s) and Dosage (s). _____

Has your child ever taken any sulfa drugs? Yes No

Has your child had adverse reactions to any drugs? Yes No

If yes, list drug (s) and reaction (s): _____

Date of last tetanus immunization: _____

I, the undersigned, individually and as a parent/guardian of _____ (camper) a minor, ask that he/she be admitted to participate in the sports camp sponsored by Central Washington University. I do hereby agree to release, discharge and hold harmless the State of Washington, Central Washington University, its officers, agents, trustees, employees and volunteers from any and all liabilities, claims, costs, expenses, injuries and or/losses, that I or my minor child may sustain as a result of my minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. You have my permission to release a copy of this form and the personal insurance information below to any medical provider treating my child. I also give permission for my child's photograph to appear in promotional material regarding future camps.

Signature of Parent/Guardian _____ Date _____, 2010

Emergency Contact Person _____ Relationship _____

Phone: Work (____) _____ Address _____

Home: (____) _____ State/City/Zip Code _____

Family Physician _____ Medical Insurance _____

Phone (____) _____ Name of Insured _____

Policy/Group # _____

