

Roundball Team Camp (Only the coach will register)

Friday, June 8th – Sunday, June 10th, 2012

Jr. High, High School, and Club Teams

Register online: www.ramcamps.colostate.edu

Description

The Roundball Team Camp offers tournament-style play catering to Club, High School, and Jr. High teams. Leagues will be organized by experience and ability level. Teams will be guaranteed a minimum of 6 games with all games officiated by certified officials and played in Division I facilities. A “Games Situation” tournament will also be included in camp. Colorado State coaches and players will be on hand to interact with every team. There is no better way to get your team geared up for the summer tournament trail or prepped for next season than the Roundball Team Camp!

- 6 games guaranteed in this tournament style camp
- A “Games Situation” tournament will also be included
- All games officiated by certified officials in Division I facilities
- ONLY Commuter option available

Payment

Prior to May 8th

Deposit of \$250/team

or

Payment in full \$475/team

After May 8th

Deposit of \$250/team

or

Payment in full \$550/team

** A \$250 nonrefundable deposit is required to confirm registration for Roundball Team Camp.*

Timeline

Friday, June 8th – Registration is from 12:00 pm-1:30 pm on South Concourse of Moby Arena. Camp will begin promptly at 1:30 pm and games will end around 9pm.

Saturday, June 9th – 8 am – 9 pm

Sunday, June 10th – 8am – 1 pm

STATEMENT OF COACH'S RESPONSIBILITY

My signature below indicates that _____ understands it
(Insert name of team/school)

assumes responsibility for any damages to Colorado State University property that may occur as a result of said team's participation in Colorado State University Women's Basketball Camps.

Due to NCAA rules, it is not permissible for Colorado State University's Department of Athletics or its coaches, staff or employees to cover expenses related to lost or damaged property.

Printed Name: _____

Signature: _____

Date: _____

Colorado State University

WOMEN'S BASKETBALL CAMPS 2012

COLORADO STATE UNIVERSITY RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

Name of Camp/Clinic Roundball Team Camp

Date(s) June 8th-10th, 2012

Name of Team _____

Read this document completely before signing. Its effect is to release the University from any liability resulting from participation in the above-named camp/clinic and waives all claims for damages or losses against the University.

In consideration of my being permitted by Colorado State University to participate in the above-named camp/clinic on the University's campus on the above-listed dates, I (please PRINT name) _____, exercising my own free choice to participate voluntarily in the above-named activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless the State Board of Agriculture and Colorado State University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participating in and/or presence at the above listed activities. I acknowledge that I am aware of the hazards and risks which may be associated with my participation in the above-named activities including, but not limited to, pulled/strained muscles, injuries or damages to joints and ligaments, cuts and bruises, concussions, sprains, broken bones, and damage that can result from increased heart rate including heart attack and stroke. I understand, accept, and assume those hazards and risks, and waive all claims against the State Board of Agriculture and Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participating in normal or unusual acts associated with the above-named activities.

Signature of Camper _____ Date _____

I, (please PRINT name) _____, am the **parent or legal guardian** of the participant who is listed above. I have read and understand the provisions of this document. I consent to the participation in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk, and Waiver.

I further request and authorize the proper personnel of the above-named camp/clinic to refer to an appropriate medical facility, for treatment of illness, injury or both; and I further authorize the physician(s) selected by the camp personnel to treat said injury or illness as they think best for the most advantageous welfare of the patient if that should be a circumstance.

In case of emergency, please contact:

| | | |
|--|--------------|---------------|
| _____ | _____ | _____ |
| Name (please PRINT) | Relationship | Cell # |
| _____ | _____ | _____ |
| Medical Insurance Company | _____ | Policy Number |
| _____ | _____ | _____ |
| Member ID # | _____ | Group ID # |
| _____ | _____ | _____ |
| Medical Insurance Company Phone Number | _____ | _____ |
| _____ | _____ | _____ |
| Medical Insurance Address | _____ | _____ |
| _____ | _____ | _____ |
| Parent/Guardian Signature & Date | _____ | _____ |
| _____ | Signature | Date |