

Individual Skills Camp

Friday, June 22nd – Sunday, June 24th, 2012

Girls entering 6th-12th grade

Register online: www.ramcamps.colostate.edu

Description

Come develop your game in beautiful Ft. Collins, Colorado! This high energy camp is for players entering the 6th-12th grades who want to improve their skills and enjoy an amazing experience. Players will receive individual instruction from the Colorado State coaches and current Ram players. Participants will sharpen their fundamentals of basketball with drills and competitive games. Individuals will be grouped by age and ability so that everyone will be able to take their game to the next level!

- Players will sharpen an array of skills with fun and exciting drills that will include various competitions and games. The camp will be divided by age and ability level so everyone will be able to take their game to the next level!
- Overnight or commuter camp option

Payment

Prior to May 22nd

Overnight: Deposit of \$100/camper or payment in full \$250/camper

Commuter with meals: Deposit of \$100/camper or payment in full \$200/camper

Commuter without meals: \$150/camper

After May 22nd

Overnight: Deposit of \$100/camper or payment in full \$280/camper

Commuter with meals: Deposit of \$100/camper or payment in full \$230/camper

Commuter without meals: \$150/camper

** A \$100 nonrefundable deposit is required to confirm registration for Skills Camp.*

Timeline

Fri. June 3rd Resident Check-in: 9:00am - 9:30am

Commuter Check-in: 9:30am - 10:00am

Camp from 10am - 9pm

Sat. June 4th 9am - 9pm

Sun. June 5th 9am - 3pm

Colorado State University

WOMEN'S BASKETBALL CAMPS 2012

Camper's Name _____

Grade, Fall 2012 _____ Age _____ Height _____

Parent's Name _____

Parent's E-mail _____

Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Cell Phone (_____) _____

School _____

Prior to May 22nd, 2012:

Type of Camper _____ Overnight - \$250

_____ Commuter - \$200

_____ Commuter without Meals - \$150

After May 22nd, 2012:

Type of Camper _____ Overnight - \$280

_____ Commuter - \$230

_____ Commuter without Meals - \$150

Roommate Preference _____

T-Shirt Size (Youth Sizes - Circle One)

XS S M L

OR

(Adult Sizes - Circle One)

S M L XL 2XL

I have enclosed: _____ Full Payment

_____ \$100 Deposit

Colorado State University

WOMEN'S BASKETBALL CAMPS 2012

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

Name of Camp/Clinic Individual Skills Camp

Date(s) June 22nd -24th, 2012

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