

Team Camp (Only the coach will register)

Thursday, June 14th – Sunday, June 17th, 2012

Jr. High, High School, and Club Teams

Register online: www.ramcamps.colostate.edu

Description

The Colorado State University Team camp provides a great opportunity for you to improve your squad for the upcoming season. Our beautiful campus location, with the Rocky Mountains in the background, will provide a memorable experience for your players. The CSU coaches and players look forward to working with you this summer!

Each team is guaranteed a minimum of 8 games with certified officials for all games. High school, Jr. high, and Club teams of all levels are welcome. Teams will be grouped by experience and ability level. A typical daily schedule will include 2-3 full court games, situation competitions, position clinics, and rotations of your man/zone offenses, defenses, and inbound plays vs. other teams.

- 8 games guaranteed
- Situation competitions, position clinics, and a camp tournament
- All games officiated by certified officials in Division I facilities
- Overnight or commuter team camp

Payment

Prior to May 14th

Overnight: Deposit of \$250/team, will be \$250/camper

Commuter with meals: Deposit of \$250/team, will be \$200/camper

Commuter Team Rate: Deposit of \$250/team or payment in full \$800/team

After May 14th

Overnight: Deposit of \$250/team, will be \$280/camper

Commuter with meals: Deposit of \$250/team, will be \$230/camper

Commuter Team Rate: Deposit of \$250/team or payment in full \$830/team

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

Timeline

June 14th - Check-in 12:00pm-1:30pm on the North Concourse of Moby Arena.
Camp will begin promptly at 1:30pm and end at 9:00pm.

June 15th-16th – Camp continues 9:00am to 9:00pm

June 17th – 9am to 12:30pm; boarding campers must check out of dorms by 12:30pm.

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 Team Camp
Name of Team _____

Date(s) June 14th-17th, 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