Thank you for enrolling in the Rams Women’s Basketball Offensive Skills Camp June 24 - 26, 2014. We are excited you will be joining us!

**CAMP SCHEDULE**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, June 24, 2014</td>
<td>4:00 p.m.</td>
<td>Check in</td>
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<tr>
<td></td>
<td>5:00 p.m.</td>
<td>Dinner/Pizza</td>
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<td></td>
<td>6:30-9:00</td>
<td>Camp Session</td>
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<tr>
<td>Wednesday, June 25, 2014</td>
<td>9:00 a.m. - 9:00 p.m.</td>
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<tr>
<td>Thursday, June 26, 2014</td>
<td>9:00 a.m. - 11:30 a.m.</td>
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**WHAT DO I NEED TO BRING?**

- You need to be dressed for basketball workouts each day and bring a water bottle with your name on it.
- If you’re staying on campus you will need to bring your own toiletries. You may want to bring an electric fan, as the rooms tend to be stuffy. *Bed linens and Towels will be provided*
- Each camper must have a parent fill out and sign a medical waiver form. Campers will not be able to participate without this form. Most campers have already returned your waiver with your registration form, so good job!

**PARKING DURING DROP-OFF AND PICK-UP**
The lot in front (West) of Moby Arena is free of charge in the X and Z permit designated spaces. There are handicapped spaces available. Do not park in any space that specifically states you need an A-permit pass to park in that area. CSU Women’s Basketball Camps are not responsible for tickets received while parked in A-permit marked areas. For commuters, please drop your camper off 15 – 30 minutes before camp starts each day. Please be prompt in picking up your camper.

**INJURY OR ILLNESS PROTOCOL**
When a camper requires medical care during the day, she is taken first to the Colorado State University Athletic Training Room and if necessary she will be taken to the Colorado State University Health Center. Camp staff will immediately contact the parents or guardians to apprise them of the situation.

**CAMPER SUPERVISION**
Each camp is comprised of coaches that provide 24-hour direction and supervision of all camp activities. Each residence hall floor is staffed with at least one camp counselor or coach. The residence hall provides assistance as well as the coach who stays on site at the main residence hall.

**CAMPER EXPECTATIONS**
Each Camper is expected to be on her best behavior and to treat the university facilities, coaches, staff, and other campers with respect. The use or possession of alcohol or drugs while at camp will result in immediate dismissal. The Camp Director may dismiss any camper for inappropriate conduct. No refunds will be given in any case of dismissal.

**CONTACTING A CAMPER DURING CAMP**
Campers may be contacted through the women’s basketball office at (970) 491-6569. General phone messages will be passed along to the individual through the camp director. Campers’ rooms have phones and local calls are free of charge. If necessary, bring long distance credit card dialing instructions for the residence hall pay phones.

**MISCELLANEOUS**

- Each camper must be paid in full and submit a completed medical waiver form in order to participate. You may fax to 970.491.7725 or email to marcie.johnston@colostate.edu.
- All room keys must be turned in at time of checkout or a $60.00 replacement fee will be charged.
- Any damage to the residence halls will be assessed and charged appropriately.

We are looking forward to seeing you. We anticipate a fun and hard working group!

Chad Lavin
Associate Head Coach/Camp Director
COLORADO STATE UNIVERSITY WOMEN’S BASKETBALL
OFFENSIVE SKILLS CAMP

Tuesday, June 24, 2014

4:00-5:00 p.m.  Check-in. North Concourse of Moby
                   Don’t forget your medical waiver if you haven’t turned it in already!
5:00 p.m.          Dinner/Hall of Fame Room – South Concourse
6:30 p.m.          1st Session
9:00 p.m.          Commuter Pick Up
10:00 p.m.         Room Checks
10:30 p.m.         Lights out

Wednesday, June 25, 2014

7:00-8:30 a.m.    Breakfast
9:00-11:30 a.m.   Session
11:30-1:00 p.m.   Lunch
1:30-4:00 p.m.    Session
4:45-6:00 p.m.    Dinner
6:30-9:00 p.m.    Session
9:00 p.m.         Commuter Pick Up
10:00 p.m.        Room Check
10:30 p.m.        Lights Out

Thursday, June 26, 2014

7:00-9:00 a.m.    Breakfast
9:00-11:30 a.m.   Final Session
11:30-12:30 p.m.  Checkout
                  NO LUNCH

Housing and meals will be at Corbett Hall.

Commuter meals are available in the cafeteria for $13.96 per meal (cash only). Dinner will be included the first day of camp.

Any problems or questions please contact the Women’s Basketball office at 970.491.6569 or email marcie.johnston@colostate.edu. Fax 970.491.7725.
COLORADO STATE UNIVERSITY
RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

Name of Camp/Clinic  CSU Women’s Basketball Offensive Skills Camp  Date(s)  June 24-26, 2014

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 camper 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 attach 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) ____________________________

Emergency Phone Number ____________________________  Cell# ____________________________

Address ____________________________  City ____________________________  State ____________________________  Zip ____________________________

Medical Insurance Company ____________________________  Policy Number ____________________________

Member ID # ____________________________  Group ID # ____________________________  Insurance Company Phone ____________________________

Medical Insurance Address ____________________________

Parent / Guardian Signature ____________________________ Date ____________________________
Registration – 4:00 p.m. Moby North Concourse

Commuter drop off and pick-up.

Ingersoll Hall
Housing

Rams Horn
Dining