COACHING STAFF

CAROL SIMON - Head Coach

Coach Simon has led the Judges for the past 31 years. She earned University Athletic Association Coaching Staff of the Year honors in 1991-92 and 2004-05 and was inducted into the New England Basketball Hall of Fame in 2010.

She guided the team to four straight NCAA Division III tournament appearances from 2006-2009. The 2008-09 campaign included the team's historic run to the Elite Eight.

SCOTT FOULIS - Associate Head Coach

Coach Foulis is in his 12th season at Brandeis University. In that time the Judges have made 2 NCAA Tournament appearances, including reaching the Elite Eight in 2009, and won an ECAC New England Championship. Prior to Brandeis, he coached at several Division I and Division III schools and was on the sidelines for four additional NCAA Tournament appearances, and coached two players who were selected in the 2003 WNBA draft.

ELITE PROSPECT CLINIC

The Elite Prospect Clinic at Brandeis University is for highly motivated student-athletes who have aspirations of playing basketball at the collegiate level. The clinic is an opportunity to experience what it means to be a collegiate student-athlete.

Head Coach Carol Simon and Associate Head Coach Scott Foulis bring in over 40 years of coaching experience from various collegiate levels.

The Brandeis Women's Basketball staff and Brandeis players will instruct campers on individual skill development as well as working within the team dynamic. This clinic will simulate a college environment while helping develop you into a more complete player at the next level.

The off court presentations and Q&A session will educate campers about the collegiate recruiting and admissions process. Also, it will provide information to the prospects about the curriculum, facilities and student body at Brandeis University.

The goal is to leave a better player and to have had fun doing it! Come experience college basketball with our Brandeis Women's Basketball program!

2018 GIRLS' BASKETBALL
ELITE PROSPECT CLINIC
at
BRANDEIS UNIVERSITY

2018 UAA Rookie Of The Year
Camila Casanueva

JULY 29, 2018

www.brandeisjudges.com
781-736-3646
Daily Schedule
9:00am: Arrival/Check-In
9:30am: Introduction
10:00am: On Court Session 1
11:00am: 5 v 5 Games
12:00pm: Lunch
1:00pm: Brandeis Presentation
Q&A Session
2:00pm: On Court Session 2
3:00pm: 5 v 5 Games
4:00pm: Closing Remarks
4:15pm: Departure

What To Bring
Multiple t-shirts, gym shorts, socks, and basketball sneakers
Reversible jersey will be provided

Questions?
Contact: Carol Simon
Email: csimon@brandeis.edu
Phone: 781-736-3646
Website: www.bradneisjudges.com

REGISTRATION FORM

Player's Name: _______________________
Home Address: _______________________
City: _____________ State: ____ Zip: _____________
Player's Email: _______________________
Player's Cell Phone: _______________________
High School: _______________________
Expected Graduation (circle): 2019 2020 2021 2022
Date of Birth: _______ Player's Age: _______
AAU Team: _______________________
Position (circle all that apply): Point Guard  Wing  Post
Reversible jersey size (circle one): S M L XL

COST: $175
Please make NON-REFUNDABLE check payable to:
Carol Simon

Mail check, registration and signed parental/guardian waiver release form to:
Carol Simon - Women's Basketball
Brandeis University - MS 007
415 South Street
Waltham, MA 02454

www.bradneisjudges.com

2018 Girls' Basketball
Elite Prospect Clinic
Waiver Release

All campers/players must have their own medical coverage. Campers/players will not be allowed to participate unless the following information is submitted and signed by parent/guardian. I certify that my child is in excellent health and may participate in all basketball and non-basketball activities. I certify that there are no physical limitations to my child's participation and permission is granted for my child to receive emergency medical treatment if necessary. I hereby release Brandeis University and all their agents, employees, and affiliates from any and all liability claims, demands, and causes of action for personal injury, property damage, and/or loss suffered by my connection with participation.

Participant's Name: _______________________
Name of Parents/Guardians: _______________________
Parent/Guardian Signature: _______________________
Date: _______________________
Email: _______________________
Parent/Guardian Phone: _______________________
Emergency Contact: _______________________
Cell Phone: _______________________
Insurance Carrier: _______________________
Policy #: _______________________
Policy Holder Name: _______________________
Allergies or Asthma (circle): YES  NO
If YES please explain: _______________________

If participant will be taking medication during clinic please indicate medicine and dosage: _______________________