WESLEYAN WOMEN’S BASKETBALL COLLEGIATE CAMP

Session I: Thursday, June 21, 2018
Session II: Saturday, August 25, 2018

The Camp:
- Wesleyan’s annual one-day intensive girls basketball camp
- Campers must be entering grades 10, 11 or 12 in the fall of 2018
- Training will include team drills, specific positional skill development, full court games and team building activities.

What you will gain:
- A unique experience of what it’s like as an athlete at the collegiate level in practice and game situations
- A developed understanding of the game: the “X’s and O’s” of college basketball
- A chance to play with the top high school athletes from around the country who plan to continue at the college level

The specifics:
- Camp cost: $100 (Registration form and payment due by June 20th for Session I and August 24th for Session II)
- Sign-in 9:00-10:00 am
- Camp activities will run from 10:00 am-4:00 pm
- Lunch and a reversible jersey will be provided
- Registration may be limited to ensure a quality experience

TRAIN, PRACTICE, PLAY…AS A COLLEGE ATHLETE

Contact:    Kate Mullen          Wesleyan University
            Head Coach WBB         161 Cross Street
            (860) 685-2888         Middletown, CT 06459
            kmullen@wesleyan.edu

HTTP://ATHLETICS.WESLEYAN.EDU/SPORTS/WBKB
2018 WESLEYAN WOMEN’S BASKETBALL COLLEGIATE CAMP

Session I: Thursday, June 21, 2018
Session II: Saturday, August 25, 2018

To register please complete this form and medical release below and mail with payment by:

Wednesday, June 20th for Session I
and
Friday, August 24th for Session II to:

Wesleyan Women’s Basketball
c/o Kate Mullen – Head Coach
Freeman Athletic Center
161 Cross Street
Middletown, CT 06459

*Please make all checks payable to Wesleyan Women’s Basketball*

Name: ___________________________________ Age: __________
Address: __________________ City, State, Zip _________________
E-mail: __________________________ Birth Date: ________________
Home Phone: ________________ Cell Phone: ___________________
High School: __________________ Graduation Date: ____________
School Address: ___________________________________________
City, State and Zip: _______________________________________
Height: ________________ Position: __________________________
Emergency Contact: __________________ Relation to Camper: __________
Emergency Contact #: ______________________________________
Reversible Jersey size (circle): Small Medium Large X-Large
Amount Enclosed: $ __________________

Please check which session(s) you will be attending below:

_______ Session I (Thursday, June 21st) _______ Session II (Saturday, August 25th)
Wesleyan University

PERMISSION, WAIVER, RELEASE AND INDEMNITY AGREEMENT

In consideration of permitting ______________________ to enroll or participate in certain activities, conferences, trips, etc. described as:

_______________________________________________________

(the “Activity”)

offered by Wesleyan University beginning on or about the ______ day of __________, 20____, the undersigned, on behalf of his or herself and for his or her heirs, executors, administrators and all of the assigns of any of them, hereby knowingly and voluntarily RELEASES, WAIVES, FOREVER RELINQUISHES and DISCHARGES Wesleyan University, its trustees, officers, agents, servants and employees (the “Released Parties”) from any and all claims, causes of action, liability of any type whatsoever including but not limited to liability for personal injury, property damage or wrongful death occurring to him or her arising as a result of, incidental to or related to engaging in the Activity, whether the same shall arise by the negligence of any of the Released Parties or otherwise.

BY SIGNING THIS AGREEMENT, IT IS THE INTENTION OF THE UNDERSIGNED TO EXPRESSLY ASSUME ALL RISK OF PROPERTY DAMAGE, PERSONAL INJURY OR DEATH TO THE EXCLUSION OF WESLEYAN UNIVERSITY AND TO EXEMPT AND RELIEVE WESLEYAN UNIVERSITY FROM LIABILITY FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH, INCLUDING WHERE CAUSED BY NEGLIGENCE.

The undersigned for him/herself, his/her heirs, executors, administrators and/or assigns of any of them agrees that, in the event any claim for property damage, personal injury or wrongful death shall be prosecuted against Wesleyan University arising out of, incidental to or related to him/her and the Activity, he/she shall indemnify and hold harmless Wesleyan University from any and all claims, causes of action, liability, damage, cost or expense by whomever or wherever made or presented arising as a result thereof.

The undersigned acknowledges that he/she has read this Agreement, has been fully and completely advised of the potential dangers incidental to engaging in the Activity and is fully aware of the legal consequences of signing this Agreement.

CIRCLE ONE: Student Graduate Faculty Staff Guest/Visitor

_______________________________________________________

Printed Name Signature Date Date of Birth

For Minors

_______________________________________________________

Parent/Guardian Printed Name Parent/Guardian Signature Date