

## Camp Description

The inaugural Sacramento State Boys Basketball Team Camps will be available for freshmen, junior varsity, and varsity high school teams. Games will primarily be held on the Sacramento State campus in the north and south gyms located in Yosemite Hall. Games will be highly competitive and will give you invaluable time with your high school team this summer.

## Varsity Team Camps

### Grades 9-12

- June 5-7, 2009
- Guarantee of 5 games per team
- \$350 entry fee for each team
- Discounts available for multiple teams
- Certified officials
- Camp t-shirts for coaches and players
- Pool and bracket play
- Includes clinics guided by Coach Katz and his staff

## JV Team Camps

### Available to JV and Freshmen teams Grades 9-11

- June 5-7, 2009
- Guarantee of 4 games per team
- \$250 entry fee for each team
- Discounts available for multiple teams
- Certified officials
- Camp t-shirts for coaches and players
- Pool and bracket play
- Includes clinics guided by Coach Katz and his staff

## Location

Games will primarily be held on the Sacramento State campus in the north and south gyms located in Yosemite Hall.

## More Information

For more information, please contact director of basketball operations Travis Okamoto at (916) 278-6780 or mbbops@csus.edu.

## Enrollment

Applications will be accepted on a first come, first serve basis. Payment must accompany application.

Please make check payable to Sacramento State Men's Basketball and mail to:

**Men's Basketball**  
**Sacramento State Athletics**  
**6000 J Street**  
**Sacramento, CA 95819-6099**

## Insurance

Sacramento State Athletics purchases secondary excess accidental medical coverage, in the amount of \$25,000, for all individual camp participants. There is a deductible (\$100) which shall be the parent's responsibility. In addition, all campers must have primary insurance coverage. Teams must provide a certificate of insurance endorsed as follows: "The State of California, The Trustees of the California State University (CSU), California State University, Sacramento (CSUS), their officers, representatives, agents, employees and volunteers are additional insureds."

Please be sure to read the attached liability release and medical treatment authorization form and provide all information requested. Both the parent/legal guardian and camper must sign the liability release and medical treatment authorization form.

## Refund Policy

In case of an emergency, teams may request a refund of their registration fee. If the request is made at least 10 days prior to the start of a camp session, there shall be no penalty fee. Requests made less than 10 days prior to the start of a session, teams will incur a \$100 charge.

There will be a \$20 fee for checks returned by bank. Stopped payments do not constitute a refund. Refunds must be requested.

## For Coach to Fill Out

High School: \_\_\_\_\_

Coach/Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## For Player to Fill Out

Please copy and have each team member fill out the information below and liability release (right)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Player Email: \_\_\_\_\_

Grade Next Fall: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

## Informed Consent, Liability Release and Medical Treatment Authorization

I request that my child (identified on this form) be permitted to participate in the identified sport/athletic Camp activity and agree to the following: I understand and agree that my child's participation in this activity may expose him/her to risks of injury or death. The risks include but are not limited to death, injury, serious neck and spinal injuries, paralysis, brain damage, injury to vital organs, bones, joints, muscles and tendons. I will counsel my child so he/she understands that it is important for his/her safety and the safety of others, to follow all instructions of the Camp coaches and staff. I agree that I am responsible for my child's conduct while he/she is at camp.

In consideration for my child's participation in this activity, on behalf of myself and my child, I release, discharge and hold harmless the Camp, State of California (State), California State University, Sacramento (CSUS), the California State University (CSU), its Trustees, officers, coaches, volunteers, employees and agents from all liability, claims, costs, and expense, arising out of these activities which may result in injury or illness to my child. I also agree to defend and indemnify the Camp, State of California (State), California State University, Sacramento (CSUS), and its Trustees, officers, coaches, volunteers, employees and agents.

I am the parent/legal guardian of the child. I further agree that the Camp Staff and CSUS are authorized to obtain and authorize emergency medical treatment for my child, up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself I further release the Camp, State, CSUS, CSU and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Signed: \_\_\_\_\_

*Parent/Legal Guardian*

Date: \_\_\_\_\_