

## Dates/Times/Cost

**June 15-18**  
(Mon.-Thu.)

Sacramento State Campus

**ELITE Camp**  
**Incoming Grades 7-12**  
5 p.m. - 9 p.m.

**Cost: \$125**

Cost includes four days of instruction from both the Sacramento State Coaching Staff, as well as current Hornet student-athletes.

## Family Discount

For families with at least two children signed up for the 2009 Girls Basketball Camp, a \$25 discount per child is offered.

## Team Discount

For teams with at least eight campers participating, a \$25 discount per child is offered.

## Extras

Each camper will receive a Sacramento State women's basketball T-shirt, water bottle and basketball for their participation in the camp.

### Other Hornet Sport Camps

Baseball	916-278-4036
Men's Basketball	916-278-6780
Football	916-278-7053
Men's Soccer	916-278-6769
Women's Soccer	916-278-5281
Softball	916-278-5376
Volleyball	916-278-6427

## Camp Necessities

Campers should show up in basketball attire, including shorts, T-shirt, court shoes, for each day of the camp.

## Location

The camps will be held inside of Yosemite Hall on the campus of Sacramento State, inside of North Gymnasium and the Hornets Nest. An acceptance letter and campus map will be emailed to each participant upon receipt of her registration.

## 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.

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.

## Enrollment

Applications will be accepted on a first come, first serve basis. Payment must accompany application. Please make checks payable to Sacramento State Women's Basketball:

**Sacramento State Girls Basketball Camp**  
**Sacramento State Athletics**  
**6000 J Street, Sacramento, CA 95819-6099.**

## Refund Policy

In case of an emergency, campers may request a refund of their registration fee. If the request is made at least seven (7) days prior to the start of a camp session, there shall be no penalty fee. Requests made less than seven days prior to the start of a session will incur a \$15 charge.

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

## More Information

Call or e-mail Camp Director Andrea Bills at (916) 278-4138 or abills@saclink.csus.edu

T-Shirt Size

Youth: S M L Adult: S M L XL

Date of Birth:

Zip:

City:

Wk. Phone: ( )

Hm. Phone: ( )

Address:

Parent Name:

Grade Next Fall:

Current Team:

Female:

Male:

E-mail Address:

Please make check payable to SACRAMENTO STATE WOMEN'S BASKETBALL and mail to:

Sacramento State Girls Basketball Camp, Sacramento State Athletics Department, 6000 J Street, Sacramento, CA 95819-

## Liability Release

(Clip this section and mail with your check)

I request that my child 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, 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, 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 Sacramento State 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, Sacramento State, 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: \_\_\_\_\_

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

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

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

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