



2010 SACRAMENTO STATE WOMEN'S BASKETBALL GIRLS CAMP

Basic FUNdamentals and NEXT LEVEL Middle School Camp Incoming Grades 3-8

June 14-15
(Mon.-Tue.)

Sacramento State Campus
9 a.m. - 4 p.m.

Cost: \$140 with Lunch Provided
\$125 Pack Own Lunch

Early bird drop off at 8 a.m. available
Late pickup of 5 p.m. available

ELITE High School Camp Incoming Grades 9-12

June 16-17
(Wed.-Thu.)

Sacramento State Campus
3 p.m. - 9 p.m.

Cost: \$140 with Dinner Provided
\$125 Pack Own Dinner

Cost includes two 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 2010 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.

Camp Necessities

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

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 purchases secondary excess accidental medical coverage, in the amount of \$25,000 for all individual clinic participants. There is a deductible which shall be the parent's responsibility. In addition, all campers must have primary insurance coverage. Teams must provide a certificate of insurance. Please be sure to read the attached liability release and medical treatment authorization form and provide all information requested. The parent/legal guardian must sign the liability release form and medical treatment authorization before any child can participate.

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



2010 Sacramento State Women's Basketball Camp Liability Release

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 (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), 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 the 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: _____

Parent SSN: _____

Child SSN: _____

Parent/Legal Guardian Name: _____

Employer: _____

Signed: _____

Date: _____

Name: _____ Age: _____ Height: _____ T-Shirt Size: S M L XL

Address: _____ City: _____ Zip: _____

Parent Name: _____ Hm. Phone: () Wk. Phone: ()

School & Grade Next Fall: _____ Parent E-Mail Address: _____