



# 2010 SACRAMENTO STATE WOMEN'S BASKETBALL TEAM CAMP

**Dates:** June 18-20, 2010

**Camp Description:** Teams will be guaranteed six games over the three-day camp. Game ball will be supplied.

**Price:** \$450 per team (additional \$10 per camper in excess of 10 players) if reserved by March 15th. \$550 per team after March 16th.

**Age:** Girls teams - high school aged

**Times:** The Hornets Nest will open at 1 p.m. for warm-ups with first games beginning at 2 p.m. on June 18, with the floor opening at 9 a.m. and games starting at 10 a.m. on June 19-20. Teams must supply their own balls for warm-ups.

**Extras:** All campers will receive a T-shirt for their participation and there will be a hospitality room for coaches.

**Clinics (Optional):** All teams are invited to participate in individual and team skill work sessions with Sacramento State head coach Jamie Craighead. Sessions will focus on individual position play, competitive team skill building drills as well as offensive and defensive team schemes.

**More Information:** For more information, please contact assistant coach Andrea Bills at (916) 278-4138 or e-mail [abills@saclink.csus.edu](mailto:abills@saclink.csus.edu)

**Insurance:** Sacramento State Athletics has a \$10,000 excess accidental medical insurance for all camp participants. There is a deductible which shall be the parent's responsibility. Please be sure to read the medical release form (available on the web site) and provide complete medical and emergency information for your child. Both parent and camper must sign the medical release form.

**Enrollment:** Applications will be accepted on a first come, first serve basis. Payment must accompany application. There will be no refunds. Please make checks payable to Sacramento State Women's Basketball.

**Sacramento State Athletics**  
**6000 J Street**  
**Sacramento, CA 95819-6099**

**Location:** The camp will be held in the north and south gyms of Yosemite Hall on the campus of Sacramento State. An acceptance letter and campus map will be mailed to each team upon their registration. Parking permits will be available on the first day at check-in.



# 2010

## Sacramento State Women's Basketball Team Camp

HIGH SCHOOL: \_\_\_\_\_

COACH/CONTACT: \_\_\_\_\_

T-SHIRT SIZE (COACH):            S            M            L            XL

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WK. PHONE \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Please make check payable to SACRAMENTO STATE WOMEN'S BASKETBALL and mail to:  
Sacramento State Women's Basketball Camp, Sacramento State Athletics Department  
6000 J Street, Sacramento, CA 95819-6099**



# 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: \_\_\_\_\_

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Please copy and have **each team member** fill out form and Liability Release

**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:** \_\_\_\_\_