



# 2008 BOY'S HIGH SCHOOL TEAM BASKETBALL CAMP

## CAMP DATE: July 6 - July 9

### CAMP DATES

Boy's High School Team Basketball Camp: July 6-July 9, 2008.

### GENERAL CAMP INFORMATION

Early Camper Registration: \$270 per athlete which includes camp and complete room and board. Early Commuter Rate: \$200 per athlete which includes dinner on the first day, and lunch/dinner on the following two days (no lodging). After June 23, the fee is \$290 for campers, \$220 for commuters.

Each participant must complete an application form and all applications must be mailed as a team. A non-refundable \$20 administrative fee is charged for any cancellations. Full refunds minus a \$20 administrative fee require 72-hour notification. For students leaving camp early, refunds are granted on a case-by-case basis minus administrative/program fees. No refunds will be made for students dismissed from camp.

### TEAM TELEPHONE REGISTRATION

Telephone reservations will be taken from March 1-May 25 or until the camp is filled. For more information contact Coach Greg Sparling at 509-963-1926 or Coach GE Coleman at 509-963-1949 between 8 a.m. and 5 p.m., Monday-Friday. Team registrations for this camp must be made by the coach. All applications must be mailed as a team, or e-mailed to [coleman@cwu.edu](mailto:coleman@cwu.edu).

### FOR MORE INFORMATION

Write to Team Basketball Camp, CWU Athletic Department, 400 East University Way, Ellensburg, WA 98926-7570 or call 509-963-1949.

### WHAT TO BRING

Campers must bring their own towels, washcloths, soap, sun screen, personal toiletries and bathing suit. Also bring basketball shoes, t-shirts, shorts, socks and sweats. Please leave all valuables at home. CWU is not responsible for damages or loss to camper's personal property.

### ELIGIBILITY/PURPOSE

This camp is designed for coaches to coach and players to play, however there will be clinics throughout the workouts. High school varsity camp is

limited to 30 teams and junior varsity camp is limited to 20 teams. Each team must have a minimum of **eight players** and a maximum of one coach.

### PHYSICALS / INSURANCE

All CWU camp participants are required to provide a non-returnable physical fitness statement from their physician, CWU Camper Health/Emergency Information Form and proof of their own medical insurance prior to their participation in the CWU Camp. **CAMPERS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT PROPERLY COMPLETED FORMS.** The CWU athletic training staff will be on duty during sessions and on-call through-out the day.

### SUPERVISION

The team coaches are required to stay in CWU housing with their players. Team coaches are also responsible for their players during non-sanctioned, after hours activities while attending Team Basketball Camp. CWU reserves the right to send any camper home if found to be undesirable for any reason. If keys are not returned at check out, then the team coach will be responsible for \$35 per lost key.

### CHECK-IN / CHECK-OUT

Check-in is July 6 from 1 p.m.-2 p.m.

Check-out for sleeping rooms on July 9 at 8 a.m.

### TEAM CAMP FEATURES

Two games Sunday, three games on Monday and two games Tuesday, plus a two-minute tournament, double elimination Tournament on Wednesday

- One-to-Two Practice Times per Day
- Classrooms available for Team Meetings
- Two Varsity Games Videotaped
- MVP, Hustle and Sportsmanship Awards
- Individual and Team Clinics
- T-Shirts for Players, Polos for Coaches
- Air conditioned gyms
- Dorms located close to Pavilion.

### OFFICIALS CAMP

An officials camp will be held in conjunction with this camp. Officials from throughout the state will be attending to improve their skills. These officials will be officiating all varsity games and some junior varsity games.

Camper's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Sport Camp Attending \_\_\_\_\_  
 Camp Dates \_\_\_\_\_  
 Does your child have:  
 Allergies  Yes  No If yes, list. \_\_\_\_\_  
 Chronic Illness, such as heart condition, asthma, epilepsy, diabetes, etc.  
 Yes  No If yes, list. \_\_\_\_\_  
 Has your child had any injuries and/or operations during the past year?  
 Yes  No If yes, list type and dates. \_\_\_\_\_  
 Has your child's physical activity been restricted during the past year?  
 Yes  No If yes, list reasons and duration. \_\_\_\_\_  
 Is your child taking any medications?  Yes  No If yes, why? \_\_\_\_\_  
 Name of medication(s) and Dosage(s). \_\_\_\_\_  
 Has your child ever taken any sulfa drugs?  Yes  No  
 Has your child had adverse reactions to any drugs?  Yes  No  
 If yes, list drug(s) and reaction(s): \_\_\_\_\_  
 Date of last tetanus immunization: \_\_\_\_\_

I, the undersigned, individually and as a parent/guardian of

\_\_\_\_\_ (camper)  
 a minor, ask that he/she be admitted to participate in the sports camp sponsored by Central Washington University. I do hereby agree to release, discharge and hold harmless the State of Washington, Central Washington University, its officers, agents, trustees, employees and volunteers from any and all liabilities, claims, costs, expenses, injuries and or/losses, that I or my minor child may sustain as a result of my minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. I agree to pay for lost keys and damage caused by my child while at camp. You have my permission to release a copy of this form and the personal insurance information below to any medical provider treating my child. I also give permission for my child's photograph to appear in promotional material regarding future camps.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Emergency Contact Person \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: Work (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Medical Insurance \_\_\_\_\_  
 Name of Insured \_\_\_\_\_  
 Policy/Group # \_\_\_\_\_

### CWU CAMPER HEALTH/EMERGENCY INFORMATION FORM FOR CWU SPORT CAMPS

THIS FORM AND A VALID PHYSICAL FITNESS STATEMENT MUST BE PROPERLY SIGNED and RETURNED BEFORE THE FIRST DAY OF CAMP.

Camper's will not be allowed to participate without properly completed and signed forms.



## 2008 CENTRAL WASHINGTON UNIVERSITY BOY'S HIGH SCHOOL TEAM BASKETBALL CAMP APPLICATION FORM

**CAMP DATE:**

**July 6 - July 9, 2008 (#20298)**

**REGISTRATION DEADLINE: June 23, 2008**

Name \_\_\_\_\_  
 (Please type or print)  
 Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 (Please include area code)  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 School Name \_\_\_\_\_  
 Coach's Name \_\_\_\_\_  
 Coach's E-mail \_\_\_\_\_  
 Position \_\_\_\_\_ Grade Entering \_\_\_\_\_  
 Roommate Preference (based on double occupancy)  
 \_\_\_\_\_

Rates:

- \$270 Camp plus complete room and board (\$290 after June 23)
- \$200 Commuter (\$220 after June 23)

\*Send individual applications as a team with \$100 per-person deposits to CWU Conference Program, 400 East University Way, Ellensburg, WA 98926-7592. Make checks payable to CWU Conference Program. Balance must be paid in full by June 23 (#20298), otherwise a \$20 individual application fee is imposed. A non-refundable \$20 administrative fee is charged for any cancellations. Full refunds minus a \$20 administrative fee require 72-hour notification.

(CWU will destroy the following information immediately after processing.)

Please charge \$ \_\_\_\_\_ to credit card # \_\_\_\_\_  Visa  MasterCard Expiration Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_